

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	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for CompletionIf 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>
MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Diaville Timothy B
LAST FIRST MI

2. On what date did the inmate die?

0 8 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:

Winfield

Facility State:

LA

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

1 1 1 7 1 9 7 4
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 1 1 9 2 0 1 6
MONTH DAY YEAR

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

- a. Schedule II
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:

2. 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 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] →

☐ Acquired Immune Deficiency Syndrome (AIDS)

☒ Accidental alcohol/drug intoxication [Describe] → Possible Cardiac Arrest, influence of illegal

☐ 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 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 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/infirmery

☐ 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 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)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 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:

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: WNC

NAME [REDACTED]	NUMBER [REDACTED]	DORM OR CELLBLOCK Birch D1-10	DATE OF INCIDENT 8/10/2016	TIME OF INCIDENT 3:04pm
LOCATION OF INCIDENT Cypress Unit		WITNESSES		
TYPE OF INCIDENT - CHECK APPROPRIATE BOXES				
Category A Incidents: <input type="checkbox"/> Escape <input checked="" type="checkbox"/> Death by other than natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Violence <input type="checkbox"/> Suicide <input type="checkbox"/> Suspicious <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Unnatural <input type="checkbox"/> Execution <input type="checkbox"/> Assault resulting in life threatening injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Staff Injured In Line of Duty <input type="checkbox"/> Other <input type="checkbox"/> Significant Property Damage <input type="checkbox"/> Hostage Situation <input type="checkbox"/> Major Work Stoppage of Offenders <input type="checkbox"/> Employee Work Stoppage <input type="checkbox"/> Riot <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Tact Team / Outside Assistance <input type="checkbox"/> Lockdown of all or part of facility <input type="checkbox"/> Hunger Strike of Entire Facility or Multiple Units <input type="checkbox"/> Large Scale Evacuation <input type="checkbox"/> Other - Determined by Unit Head	Category B Incidents: <input type="checkbox"/> Escapee Apprehended <input type="checkbox"/> Death Due to Natural Causes <input type="checkbox"/> Expected <input type="checkbox"/> Unexpected <input type="checkbox"/> Gunshot - Shoot to disable (Class I) <input type="checkbox"/> Assault with significant injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Attempted Suicide with Significant Injury <input type="checkbox"/> Self Mutilation with Significant Injury <input type="checkbox"/> Hunger Strike - Individual <input type="checkbox"/> Hunger Strike - Organized <input type="checkbox"/> Use of Force w/Significant Injury <input type="checkbox"/> Lockdown of Limited Number of Offenders <input type="checkbox"/> Significant Water/Power Outage <input type="checkbox"/> Property Damage - Limited <input type="checkbox"/> Evacuation - Limited <input type="checkbox"/> Other - Employee Arrest <input type="checkbox"/> Other - Determined by Unit Head	Category C Incidents: <input type="checkbox"/> Agg. Sex Offense (Offender/Staff)* <input type="checkbox"/> Agg. Sex Offense (Offender/Offender)* <input type="checkbox"/> Staff/Civilian Sexual Misconduct* <input type="checkbox"/> Gunshot - Warning Shot (Class II) <input type="checkbox"/> Self Defense - No Human Injury or Death <input checked="" type="checkbox"/> Assault With No Significant Injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Throwing of Substances <input checked="" type="checkbox"/> Use of Force <input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Planned <input type="checkbox"/> Chemical Agents on Single Offender <input type="checkbox"/> Use of Taser® <input type="checkbox"/> Cell Entry Team (Elec. Shield) <input type="checkbox"/> Less Lethal Weapons <input checked="" type="checkbox"/> Restraints Used (Restraint Chair, 4 Point, etc.) <input checked="" type="checkbox"/> Staff on Offender <input type="checkbox"/> Individual Hunger Strike * Copy to Investigations		
DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)				
On the above date and time				

Major Gary Coleman
REPORTING OFFICER

8-11-16
DATE COMPLETED

9:45 am
TIME COMPLETED

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

INSTITUTION: WNC

NAME [REDACTED]	NUMBER [REDACTED]	DORM OR CELLBLOCK Birch D1-10	DATE OF INCIDENT 8/10/2016	TIME OF INCIDENT 3:04pm
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LOCATION OF INCIDENT Cypress Unit	WITNESSES see attached statements
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TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

<input type="checkbox"/> Accidents <input type="checkbox"/> Employee Accident <input type="checkbox"/> Offender Accident <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Contraband <input type="checkbox"/> Inside Facility <input type="checkbox"/> Outside Facility <input type="checkbox"/> Drug Screen <input type="checkbox"/> Maintenance	<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Protection Request <input type="checkbox"/> Security Inspections <input type="checkbox"/> Shakedowns <input type="checkbox"/> Routine <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Offender <input type="checkbox"/> Target <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Offender <input type="checkbox"/> Use of Tact Team and Chase Team as outside assistance
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☐ Other:

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On August 10, 2016 at approximately 3:04pm Officer S. Moras who was assigned to Birch Unit Key called for assistance over the radio due to Offender [REDACTED] (Birch D1-10) acting aggressive towards staff. Officer Moras and Officer R. Collins both observed Offender [REDACTED] aggressively slam D1 tier door and begin aggressively pulling on Birch key door as if to enter the restricted key control area. In response, Lt. A Dixon, Sgt. D Jones, Sgt. C Brothwell and Lt. M Hayes entered Birch Unit where Sgt. Jones gave Offender [REDACTED] a direct order to submit to handcuff restraints. Offender [REDACTED] refused and attempted to physically push Sgt. Jones away. Sgt. Jones then placed his right and left arms around Offender [REDACTED] upper chest area from behind and placed him in a seated position on the floor. Lt. Hayes and Sgt. Brothwell then applied restraints to both wrists of Offender [REDACTED]. Major G Coleman and Capt. B Toler entered the unit and instructed Sgt. Brothwell and Lt. Hayes to assist Offender [REDACTED] to his feet and escort him to the infirmary for a medical evaluation. Offender [REDACTED] continued to resist while enroute to the infirmary by attempting to pull away and run from staff. When questioned by Lt. Hayes regarding his behavior, Offender [REDACTED] alleged that he had used approximately \$100 worth of meth. While at the infirmary, per LPN Self, the restraints were readjusted to the front to allow medical staff to gain a blood pressure reading. Offender [REDACTED] again became aggressive by pulling away refusing to cooperate with medical staff. Sgt. Jones and Lt. Hayes was then instructed by Capt. Toler to escort Offender [REDACTED] to restricted housing. Offender [REDACTED] continued to resist by kicking and pulling away from staff on the main walk requiring the application of legirons applied by Lt. J Curry to gain control. Offender [REDACTED] was then escorted to Cypress Unit A-1 tier, cell 1 where Capt. Toler instructed Offender [REDACTED] to enter cell 1 in order to remove the legirons prior to closing the cell door. Offender [REDACTED] refused and attempted to push past staff to get out of the cell. To gain control, Offender [REDACTED] was placed on the floor face down by Lt. Hayes, Lt. Curry and Sgt. Jones. Capt. Toler then removed the legirons from Offender [REDACTED] ankles while Officer D Johnson held Offender [REDACTED] right and left legs. Lt. Curry then removed the right hand restraint. Offender [REDACTED] became combative by swinging his left hand, with the restraints still attached, prompting the need to reapply the restraints to gain control. Capt. Toler and Lt. Curry then placed Offender [REDACTED] hands behind his back and reapplied handcuff restraints to both wrists. Capt. Toler gave Offender [REDACTED] a direct verbal order to stop resisting to allow staff to exit the cell. Two attempts were made to exit the cell, each time Offender [REDACTED]

became combative. After the second attempt to exit the cell Offender [REDACTED] complied with orders to stop resisting. At approximately 3:42pm, all staff exited the cell and the cell door was closed. Offender [REDACTED] was given a direct verbal order by Lt. M Hayes to get up from the floor and approach the cell bars to remove the handcuff restraints. Offender [REDACTED] did not respond. At approximately 3:43pm, Sgt. Jones entered the cell and observed Offender [REDACTED] to be verbally unresponsive. Sgt. Jones removed the handcuff restraints and called for assistance. Capt. Toler, Lt. Curry and Lt. Hayes entered the cell to assess Offender [REDACTED] vitals. It was observed that Offender [REDACTED] did not appear to be breathing or have a pulse. At approximately 3:45pm, Capt. Toler instructed Sgt. Jones to begin CPR and notified the infirmary and Major G Coleman for assistance. At approximately 3:51pm, LPN Self entered the unit with an AED and stretcher to assist in giving life support to Offender [REDACTED]. Major G Coleman then notified central control to contact Advanced Emergency Ambulance Service to be dispatched to the facility. Advanced Emergency Ambulance Service was notified at 3:56pm. Lt. Hayes, Lt. Curry, Capt. Toler, Sgt. Jones, Officer T. Spivey, Officer Johnson and RN Price all rotated chest compressions while RN Duncan conducted breathing until EMT staff arrived. Advanced Emergency Ambulance Service arrived at the facility at 4:09pm and took custody of Offender [REDACTED] at approximately 4:14pm. Major Coleman instructed Sgt. Brothwell to prepare a security escort vehicle to accompany the ambulance to WPMC. Major Coleman then instructed Sgt. D Barton and Sgt. D Allen to accompany Offender [REDACTED] in the ambulance to WPMC. Advanced Emergency Ambulance Service exited the facility enroute to WPMC at 4:35pm. Major Coleman was later notified by Sgt. Brothwell that (WPMC) Dr. Ugochukwa had pronounced Offender [REDACTED] deceased at 4:59pm. Warden K. Deville was notified. Warden Deville then initiated the following notifications: DOC duty officer Tessie Cooley was notified via phone at 5:05pm and by email at 5:11pm. WPSO dispatch Officer Stephanie Sanders was notified at 5:23pm. (Next of kin), [REDACTED] was notified at 5:25pm. State Coroner Matt Miller took custody of Offender [REDACTED] at 5:53pm. Warden K Deville was notified.

Major Gary Coleman
REPORTING OFFICER

8-11-16
DATE COMPLETED

9:45am
TIME COMPLETED

**Winn Correctional Center, LLC.
Incident Statement**

Date of Incident	8/10/2016	Time of Incident:	3:04pm
Name		Employee	Offender
Officer R. Collins		X	
Participant	Witness	Civilian	Other: (Specify)
	X		
What did you see, hear and/or do:			
<p>On 8/10/2016 at approximately 3:04pm. I c/o Collins was on birch floor putting inmates back on their tiers when [REDACTED] came in and refused to go on his tier. I opened the tier door and (O) [REDACTED] then slammed the tier door shut and he was trying to get in the key. C/o Moras called for assistance and Sgt. Jones and Lt. Hayes came in. Sgt. Jones wrestled the offender to the ground, so we could gain control.</p>			
Note all injuries received: (If none, then state so)			
None			
Were you screened by medical? Yes or No (Circle One)			
Print Name:		Date:	
Signature:		Date:	
Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident	8/10/2016	Time of Incident:	3:04pm
Name	Officer S. Moras	Employee	Offender
		X	
Participant	Witness	Civilian	Other: (Specify)
	X		
What did you see, hear and/or do:			
<p>On 8/10/2016 at approximately 3:04pm. I c/o Moras witnessed [REDACTED] acting aggressive. At approximately 3:06 (O) [REDACTED] slammed D1 gate and refused to go up when c/o Collins had the door open, he then started walking back and fourth making noises, telling me to open the key and let him in. (O) [REDACTED] began to attempt to jerk the key door open. At approximately 3:09pm I c/o Moras called for assistance via radio.</p>			
Note all injuries received: (If none, then state so)			
None			
Were you screened by medical? Yes or No (Circle One)			
Print Name:		Date:	
Signature:		Date:	
Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:		8/10/2016		3:11pm	
Name		Employee	Offender	DOC #	
Sgt. D Jones		X			
Participant	Witness	Civilian	Other: (Specify)		
X	X				

On August 10, 2016 at approximately 3:11pm I, Sgt. D Jones responded to an assistance call in Birch Unit. As I approached Birch Unit I observed (O) [redacted] trying to enter Birch key, I approached (O) [redacted] giving him several verbal direct orders to turn around and be restrained. (O) [redacted] was acting in an aggressive manner, as (O) [redacted] approached me he was becoming combative stating "someone is trying to kill me", he cannot stay and forced himself away from me. To gain compliance of (O) [redacted], I Sgt. Jones placed my left and right arms on (O) [redacted] upper shoulder area. I, then placed (O) [redacted] in a seated position on the floor until assistance arrived. At approximately 3:12pm Lt. Hayes and Sgt. C Brothwell arrived and applied handcuff restraints to the wrists of (O) [redacted]. With the following, (O) [redacted] was escorted to the infirmary by Lt. Hayes and Sgt. Brothwell. Once (O) [redacted] refused medical and became combative, I, Sgt. Jones along with Lt. Hayes escorted (O) [redacted] to Cypress Unit. (O) [redacted] did not comply with the escort, he then attempted to break away and also attempting to run. (O) [redacted] was given several direct verbal orders to stop, (O) [redacted] decided to sit down and lay on his back. Capt. Toler notified Lt. Curry and instructed him to bring a set of leg irons. I assisted Lt. Curry with the placing of the leg irons on (O) [redacted] at approximately 3:33pm. Lt. Hayes and myself entered Cypress Unit at approximately 3:36pm, (O) [redacted] was placed in A1 tier cell 1, where given a verbal direct order to go to his knees so the leg irons could be removed. (O) [redacted] did not comply. I assisted Lt. Curry at the shoulder area with placing (O) [redacted] face down. (O) [redacted] continued to be combative while we tried on several occasions to back out of the cell. (O) [redacted] finally complied with a verbal direct order to remain on floor until staff exit the cell. Once cell door was closed, I noticed (O) [redacted] did not respond to a direct verbal order to stand to his feet and back up to the cell door so restraints can be removed. I, then entered the cell and observed the (O) [redacted] appeared to be unconscious. I removed restraints and called for assistance. Lt. Hayes notice (O) [redacted] was not breathing. I, Sgt. Jones was instructed by Capt. Toler to perform chest compressions until relieved by medical staff.

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

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

Print Name:	Darius Jones	Date:	8.10.2016
Signature:	[Signature]	Date:	8.10.2016

Offender refused to make a statement.

Winn Correctional Center, LLC.
Incident Statement

Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:		8/10/2016		Time of Incident:		3:14pm	
Name				Employee		Offender	
Lt. M Hayes				X		DOC #	
Participant		Witness		Civilian		Other: (Specify)	
X		X					

On August 10, 2016 at approximately 3:14pm I, Lt. M Hayes responded to an assistance needed in Birch Unit. Upon arriving in Birch Unit Lt. Hayes observed Sgt. D Jones on Birch floor with Offender [REDACTED]. At this time I placed my right knee on (O) [REDACTED] left shoulder as he was face down on the floor of Birch Unit. I, Lt. Hayes gave (O) [REDACTED] several verbal direct orders to put his hands behind his back and be restrained. (O) [REDACTED] complied after about the 5th order, (O) [REDACTED] was then paced in a seated position. At approximately 3:17pm (O) [REDACTED] was assisted to his feet and escorted to medical from Birch Unit. During the escort to medical (O) [REDACTED] became combative and tried to run away from Lt. Hayes and Sgt. D Jones. (O) [REDACTED] was made to stop walking and was asked "What's wrong with you?" by Lt. Hayes. (O) [REDACTED] stated that he done about \$100 worth of meth. I, Lt. Hayes and Sgt. Jones then started the escort process back to medical. (O) [REDACTED] arrived in medical at approximately 3:20pm. (O) [REDACTED] was placed in exam room #2 where he was still being combative. Nurse Self tried to check (O) [REDACTED] he refused and was being combative toward Nurse Self. (O) [REDACTED] was escorted from medical to Cypress. During the escort to Cypress Unit (O) [REDACTED] attempted to run from Lt. Hayes and Sgt. Jones. (O) [REDACTED] was stopped on the walk by the command post. (O) [REDACTED] then sat down on the ground and acted as if he did not want to walk and he was kicking his feet. Lt. Curry then came on the walk and applied leg restraints to (O) [REDACTED], and escorted him to Cypress Unit. (O) [REDACTED] was placed in cell #1 on A-1 tier. Capt. B Toler removed the leg restraints, as Lt. Curry attempted to remove the hand restraints from (O) [REDACTED] he became combative and was placed face down to gain compliance. (O) [REDACTED] was still being combative so the hand restraints were placed back on (O) [REDACTED] behind his back by Capt. Toler and Lt. Curry. I, Lt. Hayes was instructed to back out of the cell at this time. After backing out of the cell of (O) [REDACTED] was instructed to stand up so the hand restraints could be removed. (O) [REDACTED] did not comply. Sgt. Jones along with Lt. Hayes noticed that (O) [REDACTED] looked as if he wasn't breathing. Capt. Toler, Lt. Curry and Lt. Hayes turned (O) [REDACTED] over and checked for signs of life. At this time medical was called to bring the AED and chest compressions were started.

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

Were you screened by medical? Yes or No (Circle One)			
Print Name:		Date:	
Marcus Hayes		8/10/2016	
Signature:		Date:	
[Signature]		8/10/2016	

Winn Correctional Center, LLC.
Incident Statement

	Offender refused to make a statement.		
Employee Witness:		Date:	
Employee Witness:		Date:	

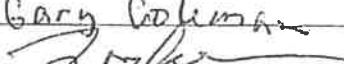
Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:12pm
Name		Employee	Offender
Lt. A Dixon		X	
			DOC #
<p>On August 10, 2016 at approximately 3:12pm I, Lt. A Dixon entered Birch Unit to respond to a request for assistance when I observed (O) [REDACTED] behaving in a combative state toward Sgt. D Jones. I gave (O) [REDACTED] several verbal direct orders to comply and be restrained. (O) [REDACTED] did not comply Sgt. Jones placed (O) [REDACTED] to the floor. Lt. Hayes, Sgt. Brothwell, Capt. Toler and Major Coleman arrived.</p>			
<p>Note all injuries received: (If none, then state so)</p>			
<p>Were you screened by medical? Yes or No (Circle One)</p>			
Print Name:		Date:	8/10/2016
Signature:		Date:	8/10/2016
<p>Offender refused to make a statement.</p>			
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	8/10/2016	Time of Incident:	3:14pm
		Employee	Offender
Sgt. C Brothwell		X	DOC#
<p>On August 10, 2016 at approximately 3:14pm I, Sgt. Brothwell responded to Birch Unit where I found Sgt. Jones trying to restrain (O) [redacted]. Once Lt. Hayes and I put hand restraints on (O) [redacted] we escorted (O) [redacted] to the infirmary. While going to the infirmary (O) [redacted] tried several times to run which made Lt. Hayes and I keep a firm grip. Once we made it to the infirmary (O) [redacted] was still not complying to orders and was being very rude to the nurses. At that point we were instructed to take him to Cypress. Once again he did not comply going down the walk. Once we made it to Cypress and placed him on A1 cell (O) [redacted] continued to resist us by refusing to let us take the hand restraints off. A few minutes later I was informed that (O) [redacted] was unresponsive. Nurse was notified and I assisted with CPR. I was then instructed by Major Coleman to prepare a transport van for security to Winnfield Medical Center. Once arrived at Winnfield Medical Center, I was informed by Dr. Ugochukwa that at 4:59pm (O) [redacted] was pronounced deceased and at 5:53pm State Coroner Matt Miller pronounced (O) [redacted] deceased. Major Coleman was notified.</p>			
Note all injuries received: (If none, then state so)			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	Chris Brothwell	Date:	8-10-16
Signature:	[Signature]	Date:	
Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident:	August 10, 2016	Time of Incident:	3:04pm
Name	Major G Coleman	Employee	Offender
		X	DOC #
<p>On August 10, 2016 at approximately 3:04pm I, Major Gary Coleman responded to a call for assistance in Birch Unit. Upon entering Birch Unit I, Major Coleman observed Offender [REDACTED] sitting upright on the floor with handcuff restraints on both wrists behind the back. I was informed by Lt. M Hayes that Offender [REDACTED] was acting aggressive towards staff and appeared to be intoxicated. I instructed Lt. Hayes, Capt. B Toler, and Sgt. Brothwell to assist Offender [REDACTED] to his feet and escort him to medical for an examination. I observed Offender [REDACTED] resisting Sgt. Brothwell and Lt. Hayes by attempting to pull away and run. Offender [REDACTED] was then escorted to restricted housing pending disciplinary charges. At approximately 3:42pm I was informed by Capt. Toler that Offender [REDACTED] was unresponsive and medical assistance was needed. I, Major Coleman reported to Cypress Unit where I observed LPN Self and security staff conducting CPR and utilizing an AED on Offender [REDACTED]. I, Major Coleman then instructed central control to notify Advance Emergency Ambulance Service at 3:56pm. Advanced Emergency Ambulance Service arrived at the facility at 4:09pm and took custody of Offender [REDACTED]. I, Major Coleman instructed Sgt. Brothwell to prepare a security escort to accompany the ambulance to WPMC. I, then instructed Lt. Barton and Sgt. Allen to accompany Offender [REDACTED] in the ambulance to WPMC. Advance Emergency Ambulance Service exited the facility at 4:35pm. I, Major Coleman was later notified by Sgt. Brothwell that Dr. Ugochukwa pronounced Offender [REDACTED] deceased at 4:59pm at WPMC. State Coroner Matt Miller took custody of Offender [REDACTED] at 5:53pm. Warden K Deville was notified.</p>			
<p>Note all injuries received: (If none, then state so)</p> <p style="text-align: center;">None</p>			
<p>Were you screened by medical? Yes or No (Circle One)</p>			
Print Name:	Gary Coleman	Date:	8-10-16
Signature:		Date:	8-10-16
<p><input type="checkbox"/> Offender refused to make a statement.</p>			
Employee Witness:		Date:	
Employee Witness:		Date:	

Winn Correctional Center, LLC.
Incident Statement

Date of Incident	8/10/2016		Time of Incident:	3:17pm
Name			Employee	Offender
Captain B. Toler			X	
Participant	Witness	Civilian	Other: (Specify)	
X	X			
What did you see, hear and/or do:				
<p>On 8/10/2016 at approximately 3:17pm I Capt. Bobby Toler responded to Birch unit for an assistance call. When I arrived, I observed offender [REDACTED] on the floor handcuffed behind his back talking out of his head. I gave instructions to Sgt. Jones and Lt. Hayes to assist the offender to his feet and escort him to the infirmary. I followed behind the escort. At approximately 3:20pm we entered the infirmary and placed the offender in exam room #2. During the examination by LPN Self, the offender needed to be unrestrained from the back to the front to attempt to get a blood pressure reading. At this time the offender became combative again and had to be placed back into the chair. The offender became more combative. I then instructed Lt. Hayes and Sgt. Jones to escort the offender to Cypress unit. We exited the infirmary at approximately 3:30pm with Lt Hayes and Sgt. Jones escorting the offender while I followed. When the escort past the command post, the offender became combative by attempting to jerk away and run. Several direct orders were given to the offender to stop his actions; he then sat down on the walk and layed down on his back. I then instructed Lt Hayes and Sgt Jones to assist the offender to his feet and continue the escort. The offender tried on several more occasions to break from the escort. I then notified Lt. Curry to come to our location with leg irons. Leg irons were applied. After the leg irons were applied the escort continued to Cypress Unit. We entered Cypress Unit and approximately 3:36pm and arrived at A1-Cell #1 at approximately 3:37pm. Upon entering the cell, the offender again became combative. Several direct verbal orders to stop were given to stop, he refused and had to be placed face down on the floor. I removed the leg irons from the ankles of the offender. Lt Curry removed the handcuffs from the left hand of the offender. When the cuffs were removed, the offender again began to resist by attempting to swing his arms with a handcuff still on one wrist. The offender was then placed face down once again on the floor to stop his actions. The offender locked his arms underneath himself. I then placed my right and left hand of the offender and gained control of the left hand of the offender and placed it behind his back while Lt. Curry placed the offender right hand behind his back and applied handcuffs to the wrist of the offender. I then instructed the other staff to begin backing out the cell, while I maintained control of the offender. The offender then began attempting to roll over and set to his feet. I gave the offender several orders to stop; he still refused and was placed back on the floor until compliance was gained. All the staff then exited the cell. C/o Spivey operated the panel box and closed the door. At approximately 3:46pm I was then informed by Lt. Hayes that the offender appeared to not be breathing. I responded to the cell and attempted to get a pulse with no results. I then rechecked for a pulse with no results. I then instructed Sgt. Jones to begin CPR. I then contacted medical via radio and also Major Coleman via radio. At approximately 3:48pm medical and Major Coleman arrived. I then assisted with CPR until approximately 4:12pm when Advance Ambulance Service arrived and took over.</p>				
Note all injuries received: (If none, then state so)				

Winn Correctional Center, LLC.
Incident Statement

None			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	Bobby Tolu	Date:	5-10-16
Signature:	BTL	Date:	8-10-16
Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

**Winn Correctional Center, LLC.
Incident Statement**

Date of Incident:		8/10/2016		Time of Incident:		3:33pm	
Name				Employee	Offender	DOC #	
Lt. J Curry				X			
Participant	Witness	Civilian	Other: (Specify)				
X	X						

On August 19, 2016 at approximately 3:33pm I, Lt. Curry while in Cypress was called to assist on main walk by Capt. B Toler. I assisted by responding with a set of leg restraints. I responded to location between Cypress gate and command post. I applied leg restraints to both ankles of (O) [REDACTED]. I, then returned back to Unit. (O) [REDACTED] was escorted to A-1 isolation cell. (O) [REDACTED] was given several orders to get on his knees to allow restraints to be removed safely. (O) [REDACTED] was non-compliant and defiant towards instructions. I assisted in placing (O) [REDACTED] face down by placing my right and left hand on (O) [REDACTED] right shoulder. I gave (O) [REDACTED] several orders to calm down and stop resisting. I, then uncuffed his right wrist at this time. (O) [REDACTED] became combative and resistant. I assisted in maneuvering both his hands behind his back when hand restraints was reapplied. All staff was then instructed by Capt. B Toler. I then exit the tier once the cell door was secured. I was notified by Lt. Hayes that (O) [REDACTED] was non-responsive. I reported back to the cell location (O) [REDACTED] appeared to have breathing difficulty. I re-entered the cell with hand restraints and assisted Lt. Hayes in checking for a pulse in his left wrist. There was no pulse detected. (O) [REDACTED] appeared to not be breathing. I notified medical via radio medical staff, a stretcher and an AED is needed to unit. I assisted with performing CPR by conducting chest compressions until medical assistance arrived.

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

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

Print Name:	LT J Curry	Date:	8/10/2016
Signature:	[Signature]	Date:	8/10/2016

☐ Offender refused to make a statement.

Employee Witness:		Date:	
Employee Witness:		Date:	

Date of Incident:	8/10/2016	Time of Incident:	3:38pm
Name	Officer D Johnson	Employee	X
Offender		DOC #	
Participant	X	Witness	X
Civilian		Other: (Specify)	
<p>On August 10, 2016 at approximately 3:38pm I, Officer D Johnson observed (O) [redacted] being physically uncooperative and resistant towards staff while they were trying to put restraints on the Offender. I, then assisted by placing my hands on the legs of (O) [redacted] who was resisting and attempting to kick his feet. I, continued my hold as (O) [redacted] was still resisting until we were able to put restraints on (O) [redacted]. I was then given instructions to back out of the cell once restraints were placed on the Offender. I, then overheard Lt. M Hayes say the Offender was unresponsive. I, then observed Capt. B Toler, Lt. J Curry, and Lt. M Hayes reopen the cell and immediately began checking for vital signs. Sgt. D Jones then began CPR on (O) [redacted] until medical staff arrived. I, then assisted in CPR compressions with medical staff.</p>			
Note all injuries received: (If none, then state so)			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	D'Ondrae L. Johnson	Date:	8/10/2016
Signature:	[Signature]	Date:	8/10/2016
Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

Date of Incident:	8/10/2016	Time of Incident:	3:36pm
Name	Officer T Spivey	Employee	Offender
		X	DOC #
Participant	Witness	Civilian	Other: (Specify)
X	X		
<p>On August 10, 2016 at approximately 3:36pm I, Officer T Spivey and Lt. J Curry observed Sgt. D Jones, Sgt. C Brothwell, Lt. M Hayes and Capt. B Toler escort (O) [redacted] into Cypress Unit. Offender [redacted] was being very defiant trying to jerk away. Lt. Curry instructed me to operate the panel box for A-1 tier. I opened the cell door of A-1. (O) [redacted] was still being defiant while being placed into the cell. Capt. Toler instructed me to close the cell door. Sgt. Jones and Lt. Hayes entered the cell. Lt. Hayes then exited the cell to get Capt. Toler. Capt. Toler, Lt. Hayes, and Lt. Curry entered the cell. Capt. Toler then called for assistance. I, then assisted with CPR until medical arrived.</p>			
Note all injuries received: (If none, then state so)			
<p>Were you screened by medical? Yes or No (Circle One)</p> <p>Print Name: Tony Spivey Date: 8/10/2016</p> <p>Signature: [Signature] Date: 8/10/2016</p> <p>Offender refused to make a statement.</p> <p>Employee Witness: Date:</p> <p>Employee Witness: Date:</p>			

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-16

Time of Incident: approx. 3:45 PM - 5:00 PM

Name: D. Barton

Employee: X

Offender: _____ DOC #: _____

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

What did you see, hear and do?

on the above date and approx time I Sgt. Barton responded to a man down call from cypress unit for offender

[REDACTED] I Sgt. Barton observed the EMTs arriving at approximately 4:00 PM. at this time the EMTs placed the offender on a stretcher then moved him into the ambulance. At this time I Sgt. Barton was instructed by the shift supervisor to ride in the ambulance as security to Winn Parish Medical Center.

At approximately 4:10 PM I Sgt. Barton left Winn Correctional Center in the ambulance with the offender and the EMTs and provided assistance in CPR for the offender until we arrived at the hospital at approximately 4:45 PM.

At this time the situation was turned over to the medical staff of Winn Parish Medical Center.

At approximately 4:59 PM Dr. Ike of the Winn Medical staff pronounced the offender deceased.

At approximately 5:53 PM custody of the deceased offender was given to assistant coroner Matt Miller.

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

I Sgt. Barton received no injuries in the taking place of this incident.

Were you screened by Medical? Yes _____ No X

Signature: D. Barton

Date Original Statement Written: 8-10-16

Date Typed Statement Reviewed and Signed: _____

OFFENDER NAME: [REDACTED] DOC #: [REDACTED] RACE: W
DATE/TIME IN: 8-10-16 AUTHORIZED BY: Major G. Coleman
CHECK ONE: ☒ DISCIPLINARY _____ PC REQUEST _____ PREA ☒ INVESTIGATION
UNIT ASSIGNED: Cyp. JOB: _____ TIER/CELL PLACED IN: Cyp. A-1 #1.
Observation Cell.
CHARGE: Pending DB DATE & RESULTS: _____
MEDICAL(SPECIAL NEEDS OR PSYCHIATRIC NEEDS): _____

Possible intoxication cell alone due to assaultive behavior. Pending review.

AUTHORIZED PROPERTY, PRIVILEGES, OR ACTIVITIES TO BE WITHHELD: Jump suit only

SPECIAL CONDITIONS OR PRECAUTIONS (RESTRAINTS, ENEMIES, ASSAULTIVE, GANG AFFILIATION): Cell alone,
assaultive.

[illegible]

(IW) INCLIMATE WEATHER

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-2016 Time of Incident: 345pmName: Kevin Dale Self Employee: K Offender: DOC: #:Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify):

What did you see, hear and/or do:

I, Nurse Self, while on duty at the infirmary did respond to Man Down call for [REDACTED] in Xpress A/call. On arrival & stretch I observe offender not breathing, extremities blue, Security CPR in progress. AED Applied and unit shocks offender. CPR continued & AMBU Breathing awaiting Ambulance arrival. CPR continues & Medical Staff and Security Staff and Ambulance transports offender to WPMC-ER, departs at 435 PM. I had left CPR in progress to return to medical. Offender receives consult and call in Report to WPMC-ER.

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

NoneWere you screened by medical? Yes ☐ No ☒Signature: Kevin Dale Self LNCDate Original Statement Written: 8-10-2016 @ 5:00 PMDate Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-16Time of Incident: 3:16pName: Rande PriceEmployee: ☒Offender: ☐DOC #: 339241Check One: Civilian: ☐Witness: ☒Participant: ☐ Other (Specify): _____

What did you see, hear and/or do:

Offender Trinity [redacted] came into medical @ 3:16p accompanied by Lt. M. Hays and C/O Brothwell in cuffs in the back. I/M [redacted] was fighting and uncooperative when he came into medical. I/M was ambulatory and uncooperative going into Exam Room #2. At this time hand cuffs were placed in the front. I/M would not allow medical to get vitals on him. I/M was trying to fight with the officers in exam room rushing at them as they were standing against the opposite wall & offender trying to bite one of the officers. Officers reported that I/M had admitted to smoking meth prior to coming into medical. At 3:32p I/M was escorted out of medical to cypress still fighting & uncooperative. At 3:45pm man down was called and when I arrived in Cypress, CPR along with AED were in progress.

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

N/AWere you screened by medical? Yes ☐ No ☒Signature: R PriceDate Original Statement Written: 8-10-165:15p

Date Typed Statement Received and Signed: _____

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8-10-16

Time of Incident: 3:16 p

Name: Rande Price

Employee: ☒ Offender: ☐ DOC: # 339241

Check One: Civilian: ☐

Witness: ☒

Participant: ☐ Other (Specify): ☐

What did you see, hear and/or do:

Myself and Y. Duncan rotated doing breaths with the
ambu bag. Myself along with other officers rotated
performing chest compressions. CPR & AED was continued
until ambulance arrived and loaded on the stretcher.

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

N/A

Were you screened by medical? Yes ☐ No ☒

Signature: Rande Price

Date Original Statement Written: 8-10-16 5:15p

Date Typed Statement Received and Signed: _____

WINN CORRECTIONAL CENTER, LLC

INCIDENT STATEMENT

Date of Incident: 8/10/16 Time of Incident: 3:11 pmName: Jerome Duncan RN Employee: ☒ Offender: ☐ DOC #: Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify):

What did you see, hear and/or do:

I, Nurse Duncan RN was working in the infirmary on 8/10/16 @ approximately 3:15 when I noticed Lt. M. Hays and C/O C. Brothwell enter c [REDACTED] [REDACTED]. The Iln was confused, disphoretic and very uncooperative c staff. He was asked multiple times for his name but all he would do was garble and make noises. He was very combative and wild and a couple of times he would get up and charge at the w/c. He attempts to bite one of the officers. He was so out of control medical was unable to do a premedical evaluation. The officer (cont)

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

noneWere you screened by medical? Yes ☐ No ☒Signature: JDuncan RNDate Original Statement Written: 8/10/16Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 8/10/16 Time of Incident: 3:15Name: J. J. [Signature] Employee: ☒ Offender: ☐ DOC #: Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify):

What did you see, hear and/or do:

(cont) Mandamus was called approximately 3:15. When I arrived to Cypress unit. Several officers were performing CPR and chest compressions were being done. and AED in place. CPR was continued to AED advising 1 shock to be administered which was done as advised. 11m remained unresponsive and CPR was continued until the ambulance arrived and the inmate was taken out per stretcher by Advanced Ambulance services.

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

noneWere you screened by medical? Yes ☐ No ☒Signature: J. J. [Signature]Date Original Statement Written: 8/10/16 @ 5:15Date Typed Statement Received and Signed:

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	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for CompletionIf 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>
MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Goodbeer

LAST

Paul

FIRST

MI

2. On what date did the inmate die?

1

2

MONTH

2

6

DAY

2

0

1

6

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?

1

1

MONTH

1

3

DAY

1

9

4

8

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

3

MONTH

1

7

DAY

1

9

9

2

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:

12. 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 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] → Pulmonary Thromboembolism

☐ 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 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 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/infirmarary
- ☐ 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 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)

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 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:

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: WNC

NAME [REDACTED]	NUMBER [REDACTED]	DORM OR CELLBLOCK Birch A1	DATE OF INCIDENT 12-26-2016	TIME OF INCIDENT 1805
LOCATION OF INCIDENT Birch A1		WITNESSES Lt. Ward		
TYPE OF INCIDENT - CHECK APPROPRIATE BOXES				
Category A Incidents: <input type="checkbox"/> Escape <input type="checkbox"/> Death by other than natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Violence <input type="checkbox"/> Suicide <input type="checkbox"/> Suspicious <input type="checkbox"/> Unknown <input type="checkbox"/> Unnatural <input type="checkbox"/> Execution <input type="checkbox"/> Assault resulting in life threatening injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Staff Injured in Line of Duty <input type="checkbox"/> Other <input type="checkbox"/> Significant Property Damage <input type="checkbox"/> Hostage Situation <input type="checkbox"/> Major Work Stoppage of Offenders <input type="checkbox"/> Employee Work Stoppage <input type="checkbox"/> Riot <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Tact Team / Outside Assistance <input type="checkbox"/> Lockdown of all or part of facility <input type="checkbox"/> Hunger Strike of Entire Facility or Multiple Units <input type="checkbox"/> Large Scale Evacuation <input type="checkbox"/> Other - Determined by Unit Head		Category B Incidents: <input type="checkbox"/> Escapee Apprehended <input checked="" type="checkbox"/> Death Due to Natural Causes <input type="checkbox"/> Expected <input checked="" type="checkbox"/> Unexpected <input type="checkbox"/> Gunshot - Shoot to disable (Class I) <input type="checkbox"/> Assault with significant injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Attempted Suicide with Significant Injury <input type="checkbox"/> Self Mutilation with Significant Injury <input type="checkbox"/> Hunger Strike - Individual <input type="checkbox"/> Hunger Strike - Organized <input type="checkbox"/> Use of Force w/Significant Injury <input type="checkbox"/> Lockdown of Limited Number of Offenders <input type="checkbox"/> Significant Water/Power Outage <input type="checkbox"/> Property Damage - Limited <input type="checkbox"/> Evacuation - Limited <input type="checkbox"/> Other - Employee Arrest <input type="checkbox"/> Other - Determined by Unit Head		Category C Incidents: <input type="checkbox"/> Agg. Sex Offense (Offender/Staff)* <input type="checkbox"/> Agg. Sex Offense (Offender/Offender)* <input type="checkbox"/> Staff/Civilian Sexual Misconduct* <input type="checkbox"/> Gunshot - Warning Shot (Class II) <input type="checkbox"/> Self Defense - No Human Injury or Death <input type="checkbox"/> Assault With No Significant Injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Throwing of Substances <input type="checkbox"/> Use of Force <input type="checkbox"/> Immediate <input type="checkbox"/> Planned <input type="checkbox"/> Chemical Agents on Single Offender <input type="checkbox"/> Use of Taser® <input type="checkbox"/> Cell Entry Team (Elec. Shield) <input type="checkbox"/> Less Lethal Weapons <input type="checkbox"/> Restraints Used (Restraint Chair, 4 Point, etc.) <input type="checkbox"/> Staff on Offender <input type="checkbox"/> Individual Hunger Strike

* Copy to Investigations

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On December 26, 2016 at 6:05pm, Correctional Officer K. Swafford (Birch Key Officer) was informed by C/O T. Elmore (Birch Floor Officer) that (O) [REDACTED] was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggie Ward responded to A1 tier and observed (O) [REDACTED] lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O) [REDACTED] had no pulse. Lt. Ward immediately placed (O) [REDACTED] on his back and began CPR (6:08pm). Lt. Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [REDACTED] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Hayes Cpt. Howard, and Cpt. Hodges assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm.

Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [REDACTED]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [REDACTED] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the wardens office.

Lt. WAD
REPORTING OFFICER

12-26-16
DATE COMPLETED

10:30pm
TIME COMPLETED

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

INSTITUTION: WNC

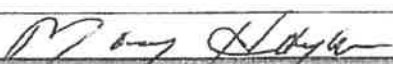
NAME [REDACTED]	NUMBER [REDACTED]	DORM OR CELLBLOCK Birch A1	DATE OF INCIDENT 12-26-16	TIME OF INCIDENT 1805
LOCATION OF INCIDENT Birch A1 tier		WITNESSES Lt. Ward		
TYPE OF INCIDENT - CHECK APPROPRIATE BOXES				
<input type="checkbox"/> Accidents <input type="checkbox"/> Employee Accident <input type="checkbox"/> Offender Accident <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Contraband <input type="checkbox"/> Inside Facility <input type="checkbox"/> Outside Facility <input type="checkbox"/> Drug Screen <input type="checkbox"/> Maintenance		<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Protection Request <input type="checkbox"/> Security Inspections <input type="checkbox"/> Shakedowns <input type="checkbox"/> Routine <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input checked="" type="checkbox"/> Offender <input type="checkbox"/> Target <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Offender <input type="checkbox"/> Use of Tact Team and Chase Team as outside assistance		
<input type="checkbox"/> Other: Death-Natural Causes				
DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)				
<p>On December 26, 2016 at 6:05pm, Correctional Officer K. Swafford (Birch Key Officer) was informed by C/O T. Elmore (Birch Floor Officer) that (O) [REDACTED] was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggie Ward responded to A1 tier and observed (O) [REDACTED] lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O) [REDACTED] had no pulse. Lt. Ward immediately placed (O) [REDACTED] on his back and began CPR (6:08pm). Lt. Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [REDACTED] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Hayes Cpt. Howard, and Cpt. Hodges assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm. Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [REDACTED]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [REDACTED] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the wardens office.</p>				

Lt. Ward
REPORTING OFFICER

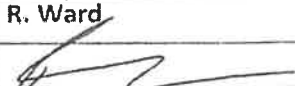
12-26-16
DATE COMPLETED

10:30 p.m.
TIME COMPLETED

**Winn Correctional Center, LLC.
Incident Statement**

Date of Incident:		12-26-16		Time of Incident:		6:05pm	
Cpt. M. Hayes				Employee	Offender	DOC #	
				x			
Participant	Witness	Civilian	Other: (Specify)				
x							
<p>On December 26, 2016 at 6:05pm, C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Ward called for the stretcher and notified I Cpt. M. Hayes. I arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [REDACTED] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Howard, Cpt. Hodges and myself assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm. Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [REDACTED]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [REDACTED] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the warden's office.</p>							
<p>Note all injuries received: (If none, then state so)</p>							
<p>Were you screened by medical? Yes or No (Circle One)</p>							
Print Name:		Cpt. M. Hayes		Date:		12-26-2016	
Signature:				Date:		12-26-16	
<p>Offender refused to make a statement.</p>							
Employee Witness:				Date:			
Employee Witness:				Date:			

**Winn Correctional Center, LLC.
Incident Statement**

Date of Incident:		12-26-16		Time of Incident:		6:05pm	
				Employee	Offender	DOC #	
Lt. R. Ward				x			
Participant	Witness	Civilian	Other: (Specify)				
x							
<p>On December 26, 2016 at 6:05pm, Correctional Officer K. Swafford (Birch Key Officer) was informed by C/O T. Elmore (Birch Floor Officer) that (O) [REDACTED] was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggie Ward responded to A1 tier and observed (O) [REDACTED] lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O) [REDACTED] had no pulse. Lt. Ward immediately placed (O) [REDACTED] on his back and began CPR (6:08pm). Lt. Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the ambulance (6:09pm) and Warden Deville (6:13pm) via telephone. Lt. Ward continued CPR and (O) [REDACTED] was transported to the command post via stretcher. Lt. Ward utilized the AED machine (6:15pm) and Cpt. Hayes Cpt. Howard, and Cpt. Hodges assisted and continued CPR. Advance Medical arrived on the compound at 6:26pm. Warden Keith Deville arrived on the compound at 6:28pm. Advance medical and Warden Deville arrived at the command post at 6:31pm. CPR continued on (O) [REDACTED]. Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) [REDACTED] deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Warden Deville contacted the family member at 6:55pm. Chaplain Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of the body and transported (O) to the Winn Parish Funeral Home for autopsy. All further information will be forward to the warden's office.</p>							
Note all injuries received: (If none, then state so)							
Were you screened by medical? Yes or No (Circle One)							
Print Name:		R. Ward		Date:		12-26-2016	
Signature:				Date:		12-26-16	
Offender refused to make a statement.							
Employee Witness:				Date:			
Employee Witness:				Date:			

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 12/26/2016 Time of Incident: Approx. 6:40 pm
Name: [REDACTED] Employee: _____ Offender: X DOC: #: 596198
Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify): _____

What did you see, hear and/or do:

I moved him earlier today pertaining to him getting in bed. Later, after 3rd chow, I, Samuel Alexander, and [REDACTED] began to check his pulse because he was not moving out of the position he was in. After I notified the guard we were told to go and grab the stretcher ASAP! We rushed down the walk grab the stretcher from the infirmary and then brought the deceased inmate to the command post, where we were ordered to go back to our telc, where we told to fill out this incident statement.

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

Were you screened by medical? Yes ☒ No ☐

Signature: [Signature]

Date Original Statement Written: 12/26/2016

Date Typed Statement Received and Signed: _____

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 12/26/16 Time of Incident: 6:10

Name: C/O W. Benavidez Employee: Offender: DOC: #:

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

What did you see, hear and/or do:

X On the approximate date and time, I, C/O Benavidez was doing rounds in Birch unit and a offender had told me and C/O Elmore that a man was down in A1. I then opened A1 to see what had happen. The offender was laying still on his bed and did not respond to verbal contact. We then checked to see if the offender was breathing and he was not. When we confirmed the offender had no pulse, me and 3 offenders rushed to get a stretcher. When supervisor ordered it we got the stretcher from medical and put the offender on it and the supervising officers took over.

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

NO Injuries sustained

Were you screened by medical? Yes ☐ No ☒

Signature: C/O Benavidez

Date Original Statement Written: 12/26/16

Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Incident: 12-26-16 Time of Incident: 6:10PM appx.

By T. Elmore Employee: ☒ Offender: DOC: #:

One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify):

Did you see, hear and/or do:

On 12-26-16 at approximately 6:10PM, I, C/O T. Elmore was working Birch unit floor when an offender alerted myself and C/O Benavidez to A1 tier calling "Man down!". We entered the tier to find a group of around bed A1-42 where Offender Paul Good was laying in his bunk on his right side. Upon inspection of Offender Good's pulse (at radial, none found) and touch of his cold skin, we had our key officer, C/O, K. Stafford contact higher rank. T. Ward arrived shortly afterwards and checked for a pulse at the offender's carotid area then began performing CPR alternating with Offender Eugene Smith until the stretcher arrived. We placed Offender Good on the stretcher after attempts to revive him were unsuccessful.

1 injuries received (If none, then state so):

None.

ou screened by medical? Yes ☐ No ☒

ire: T. Elmore

iginal Statement Written: 12-26-16

ped Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: 6:05pm
Name: C/O K. Swafford Employee: ☒ Offender: DOC #:
Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify):

What did you see, hear and/or do:

On 12-26-16 at approx 6:05pm. I C/O Swafford was working Birch Key when an offender off A1 tier approached Birch Key and told me there was a man down on A1 tier. I C/O Swafford then told C/O Elmore & C/O Benavidez to go check out the offender on A1 tier. C/O Elmore came back and told me the man down was col [REDACTED] [REDACTED]. I C/O Swafford called over the radio Man down Birch Key A1 tier. Lt. Ward enters unit at 6:07 to respond to the man down. Capt. Hayes enters unit at 6:09. Lt. Ward exit unit with col [REDACTED] [REDACTED] on stretcher at 6:14.

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

None


Were you screened by medical? Yes ☐ No ☒

Signature: C/O K. Swafford

Date Original Statement Written: 12/26/16

Date Typed Statement Received and Signed:

**Winn Correctional Center, LLC.
Incident Statement**

Date of Incident:		12/26/2016		Time of Incident:		6:10pm	
Name				Employee	Offender	DOC #	
Captain L. Howard				X			
Participant	Witness	Civilian	Other: (Specify)				
X							
What did you see, hear and/or do:							
<p>On 12/26/2016 @ approximately 6:10pm, I Captain L. Howard observed Lt. R. Ward escorting (O) [REDACTED] towards the command post on a stretcher while performing CPR. I Captain L. Howard assisted Lt. Ward with CPR until the Ambulance arrived.</p>							
none							
Were you screened by medical? Yes or No (Circle One)							
Print Name:		Captain L. Howard		Date:		12/26/2016	
Signature:				Date:		12/26/2016	
X		Offender refused to make a statement.					
Employee Witness:				Date:			
Employee Witness:				Date:			

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: 6:15
Name: Jacob Griffith Employee: _____ Offender: X DOC #: 503310
Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify): _____

What did you see, hear and/or do:

Around the above time, I was informed by another inmate to check on Mr. [REDACTED] because it looked like he wasn't breathing. I looked over to Mr. [REDACTED] bed, #42, and proceeded to call his name as he looked like he was sleeping. When Mr. [REDACTED] didn't respond, I checked his pulse on his right wrist and noticed that he didn't have one. I called another inmate, Kenneth Anderson #499085, to come check and make sure I wasn't seeing things. After being confirmed by I/m Anderson that he wasn't breathing, I checked again for a pulse on his arm and when none was found, proceeded to check for one on his neck. After none was found, I told another inmate to call for the C/o, Man Down, and to call for his caregiver. The C/o came in and I told him that Mr. [REDACTED] was unresponsive and I was not able to find a pulse. Lt. Ward came in and informed me and a couple inmates to go get the stretcher from medical. I left the unit and went to medical along with 3 other inmates and C/o Benavidez to retrieve the stretcher. When we returned to

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

N/A

Were you screened by medical? Yes ☐ No ☒

Signature: Jacob Griffith

Date Original Statement Written: 12-26-16

Date Typed Statement Received and Signed: _____

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: 6:45 pm.
Name: Donald Pickett Employee: Offender: DOC #: 416572
Check One: Civilian: ☐ Witness: ☒ Participant: ☐ Other (Specify):

What did you see, hear and/or do:

On the above date, I Donald Pickett came out of the T.V. Room and noticed several Jm. Around Mr. [REDACTED] talking loudly. Approaching I saw an inmate checking his pulse; I also checked his pulse. None was found. After calling for Man down, I and 2 other inmates started moving to other bunk to get room. Capt. Ward, Capt. Hayes and several others arrived. Starting C/P 2 they performed it until the stretcher was arrived. C/P 4/ more and I packed Mr. [REDACTED] properly and I was escorted to the key with his property and dropped it off, then returned back to my tier.

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

MAN Died

Were you screened by medical? Yes ☐ No ☒

Signature: [Signature] 416572

Date Original Statement Written: 416572, 12-26-16

Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 26 December 2016 Time of Incident: 6:15 p.m.
Name: Eugene Smith Employee: Offender: ☒ DOC #: 567153
Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify):

What did you see, hear and/or do:

On December 26, 2016 at or around 6:15 p.m., I went to check on ~~Paul Smith~~ when I saw Jacob Griffith #503310 checking his pulse on rather, looking for one. I proceeded, with utmost haste, to get Murphy Amor. We three attempted to find a pulse on the various pressure points and, finding none, notified staff that we had a possible deceased inmate. St. We had attempted CPR to no avail until the stretchers arrived.

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

None

Were you screened by medical? Yes ☐ No ☒

Signature: E. S. Smith #567153

Date Original Statement Written:

Date Typed Statement Received and Signed:

INCIDENT STATEMENT

What did you see, hear and/or do:

I WAS TALKING TO ANOTHER INMATE WHEN SOMEONE SAID "REAL" THIS OLD MAN IS DEAD. I RAN OVER TO HIS ~~CELL~~⁴⁰⁴ TO LOOK AT HIM. I LOOKED AT HIS EYES WHICH WERE NO MOVEMENT. I CHECKED HIS PULSE AND I DIDN'T FEEL NOTHING. HIS BODY WERE COLD AND HIS FINGERS WERE DARK COLORED. I RAN TO THE DOOR AND CALLED MAN DOWN. WHEN ^{THE} OFFICERS OPEN TO COME ON A-1 TO CHECK OUT MR. [REDACTED]. I RAN OFF OF A-1 TO THE KEY TO MAKE SURE THE KEY OFFICER CALL RANK, WHICH SHE DID. I LEFT OUT THE UNIT AND MET LT. WARD, HE CAME IN AND CHECK MR. [REDACTED] THEN ^{SAID} GO AND GET STRETCHER, I RAN TO THE COMADPOST TO GET THE BLOOD PRESSURE CUP, CAME BACK TO A-1 AND LT. WARD PUT THE CUP ON HIM. THE ONLY THING WERE WEARING WAS THE COUNTING UP OF THE PRESSURE CUP, NOTHING ELSE. WE PUT HIM ON THE STRETCHER AND TOOK HIM TO THE COMADPOST.

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: 12/26/10 Time of Incident: APPROX.
Name: XAVIER John LEWIS Employee: Offender: X DOC #: 557564
Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify):

What did you see, hear and/or do:

On the ABOVE DATE & TIME I (O) XAVIER John LEWIS #557564
Along with 5 other OFFENDERS ~~NOTICED~~ NOTICED
that (O) ~~XXXXXXXXXX~~ WAS UNRESPONSIVE, Cold & no longer
giving off a pulse. WE THEN CALLED FOR THE STAFF
AFTER SOME TIME THE STAFF ALSO NOTICED that (O) ~~XXXXXXXXXX~~
WAS with-out a pulse AFTER ~~GETTING~~ GETTING PERMISSION
I MYSELF along with the 5 other OFFENDERS Ran
into the infirmary to get the STRETCHER WE Ran
BACK PLACE (O) ~~XXXXXXXXXX~~ onto the STRETCHER and
Ran him into the COMMAND POST WERE AT THAT
TIME (O) ~~XXXXXXXXXX~~ WAS STILL UNRESPONSIVE.

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: 26 December 2016

Time of Incident: 6:15 p.m.

Name: Murphy Amos

Employee: ☐

Offender: ☒

DOC #: 587823

Check One: Civilian: ☐

Witness: ☐

Participant: ☒ Other (Specify):

What did you see, hear and/or do:

Between 9:00 a.m. and 10:00 a.m. I, Murphy Amos #587823, took Paul Goodhue to Medical between 9:00 and 10:00 count. He was complaining of not being able to breathe and given a breathing treatment and sent back to the unit around 1:00 p.m. or 2:00 p.m. He was still complaining of breathing issues so we returned to the infirmary and Nurse Dieter gave him another breathing treatment and said that he was fine and to sit him up in the bed or however he was comfortable breathing and told me to not bring him back because he would be fine. Once back on the tier we tried to put him various positions until we settled on laying him on his stomach. We checked on him about 5:30 or 5:45 which was keeping in the thirty minute watch schedule. One of the inmates stopped to check on him and called me to check his pulse. Myself and inmate Jacob Griffith checked his pulse and we found none. We then notified the staff of the situation, which was approximately 6:15 p.m.

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

None

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: December 26, 2016 Time of Incident: 5:30pm/6:15pm
Name: Kenneth Anderson Employee: Offender: ☒ DOC #: 499085
Check One: Civilian: ☐ Witness: ☐ Participant: ☒ Other (Specify):

What did you see, hear and/or do:

 was taken to the infirmary on two (2) times and sent back to the unit and later with nothing was wrong. Several of the offenders checked on and the final time, roughly 5:30 or 5:45 pm the offender was not breathing. We tried to help by giving CPR due to the facts the officers refused to conduct CPR. Several of the offenders ran to the infirmary and retrieved the stretcher in which by the time we got back to Buick Al - was D.A.

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

Were you screened by medical? Yes ☐ No ☒

Signature Kenneth Anderson 4990805

Date Original Statement Written: December 26, 2016

Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 12-26-16 Time of Incident: About 7pm

Name: Fredrick Brumfield Employee: Offender: ☒ DOC: #: 714392

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

What did you see, hear and/or do:

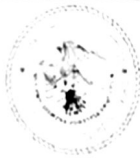
I'm in bed 7 I looked at the guy it didn't look
like he was breathing so I asked bed 8 to go
check him and he said he couldn't tell and he
didn't want to wake him. so about 5-6 mins pass by
Cowboy came ask me for a honey bun or anything sweet
to give it to him and asked him to check and see if
the man was breathing so he did and then he
called some one else to check him then I got up and
ask if he was still warm cowboy said no he cold
A C.O. was at the gate he came in and was told
the man was not responding I walked away after
that then rank came in to check the guy then
a few minutes and C.O went to medical to get the stretcher
while they were trying to perform C P A
Note all injuries received (If none, then state so):

Were you screened by medical? Yes ☐ No ☒

Signature: Fredrick Brumfield

Date Original Statement Written: 12-26-16

Date Typed Statement Received and Signed:

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	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for CompletionIf 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://bjscrcp.rti.org>
E-MAIL: bjscrcp@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 bjscrcp@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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Wilson

LAST

Johnny

FIRST

MI

2. On what date did the inmate die?

0

2

MONTH

1

0

DAY

2

0

1

6

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

MONTH

0

3

DAY

1

9

7

9

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

MONTH

1

1

DAY

2

0

0

6

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/infirmarary 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:

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 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 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 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/infirmarary

☐ 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 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)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 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:

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: Winn Correctional Center

NAME <u>[REDACTED]</u>	NUMBER <u>[REDACTED]</u>	DORM OR CELLBLOCK Cypress A2	DATE OF INCIDENT 02-10-16	TIME OF INCIDENT 0424 hours
LOCATION OF INCIDENT Cypress A2		WITNESSES 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: <input type="checkbox"/> Escape <input checked="" type="checkbox"/> Death by other than natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Violence <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Suspicious <input type="checkbox"/> Unknown <input type="checkbox"/> Unnatural <input type="checkbox"/> Execution <input type="checkbox"/> Assault resulting in life threatening injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Staff Injured In Line of Duty <input type="checkbox"/> Other <input type="checkbox"/> Significant Property Damage <input type="checkbox"/> Hostage Situation <input type="checkbox"/> Major Work Stoppage of Offenders <input type="checkbox"/> Employee Work Stoppage <input type="checkbox"/> Riot <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Tact Team / Outside Assistance <input type="checkbox"/> Lockdown of all or part of facility <input type="checkbox"/> Hunger Strike of Entire Facility or Multiple Units <input type="checkbox"/> Large Scale Evacuation <input type="checkbox"/> Other - Determined by Unit Head		Category B Incidents: <input type="checkbox"/> Escapee Apprehended <input type="checkbox"/> Death Due to Natural Causes <input type="checkbox"/> Expected <input type="checkbox"/> Unexpected <input type="checkbox"/> Gunshot - Shoot to disable (Class I) <input type="checkbox"/> Assault with significant injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Attempted Suicide with Significant Injury <input type="checkbox"/> Self Mutilation with Significant Injury <input type="checkbox"/> Hunger Strike - Individual <input type="checkbox"/> Hunger Strike - Organized <input type="checkbox"/> Use of Force w/Significant Injury <input type="checkbox"/> Lockdown of Limited Number of Offenders <input type="checkbox"/> Significant Water/Power Outage <input type="checkbox"/> Property Damage - Limited <input type="checkbox"/> Evacuation - Limited <input type="checkbox"/> Other - Employee Arrest <input type="checkbox"/> Other - Determined by Unit Head		
Category C Incidents: <input type="checkbox"/> Agg. Sex Offense (Offender/Staff)* <input type="checkbox"/> Agg. Sex Offense (Offender/Offender)* <input type="checkbox"/> Staff/Civilian Sexual Misconduct* <input type="checkbox"/> Gunshot - Warning Shot (Class II) <input type="checkbox"/> Self Defense - No Human Injury or Death <input type="checkbox"/> Assault With No Significant Injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Throwing of Substances <input type="checkbox"/> Use of Force <input type="checkbox"/> Immediate <input type="checkbox"/> Planned <input type="checkbox"/> Chemical Agents on Single Offender <input type="checkbox"/> Use of Taser® <input type="checkbox"/> Cell Entry Team (Elec. Shield) <input type="checkbox"/> Less Lethal Weapons <input type="checkbox"/> Restraints Used (Restraint Chair, 4 Point, etc.) <input type="checkbox"/> Staff on Offender <input type="checkbox"/> Individual Hunger Strike * Copy to Investigations				
DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)				

Major Garry Coleman
REPORTING OFFICER

2-10-16
DATE COMPLETED

1:10 p
TIME COMPLETED

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

INSTITUTION: Winn Correctional Center

NAME [REDACTED]	NUMBER [REDACTED]	DORM OR CELLBLOCK Cypress A2	DATE OF INCIDENT 02-10-16	TIME OF INCIDENT 04:24 am
LOCATION OF INCIDENT Cypress A2		WITNESSES see attached uor 1		
TYPE OF INCIDENT - CHECK APPROPRIATE BOXES				
<input type="checkbox"/> Accidents <input type="checkbox"/> Employee Accident <input type="checkbox"/> Offender Accident <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Contraband <input type="checkbox"/> Inside Facility <input type="checkbox"/> Outside Facility <input type="checkbox"/> Drug Screen <input type="checkbox"/> Maintenance		<input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Protection Request <input type="checkbox"/> Security Inspections <input type="checkbox"/> Shakedowns <input type="checkbox"/> Routine <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Offender <input type="checkbox"/> Target <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Offender <input type="checkbox"/> Use of Tact Team and Chase Team as outside assistance		
<input type="checkbox"/> Other:				
DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)				
<p>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 unsuccessful. At that time, officer Thomas awoke offender James Keene # 290714 who was also in the cell but was asleep. 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 infirmiry 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 infirmiry 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</p>				


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 Colina
REPORTING OFFICER

2-10-16
DATE COMPLETED

1:10 pm
TIME COMPLETED

Winn Correctional Center, LLC.
Incident Statement

Date of Incident: 02-10-16		Time of Incident: 0424 hours	
Name: Darrell Thomas		Employee: X	Offender: DOC #
Participant: X	Witness:	Civilian:	Other: (Specify):
<p>What did you see, hear and/or do:</p> <p>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 Johnny Wilson 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 Wilson upward where I was able to untie the sheet from the cell door. Officer Caskey and myself lowered offender Wilson 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 Wilson's neck. Lt. Alsup then arrived on the scene to assist me. It was observed by Lt Alsup and myself that offender Wilson was unresponsive and a pulse could not be located. At that time, Lt Alsup and myself began CPR on offender Wilson. 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 Wilson on a stretcher. RN T. Haley then exited the unit with offender Wilson to the infirmary.</p>			
<p>Note all injuries received: (If none, then state so)</p>			
<p>Were you screened by medical? Yes or No (Circle One)</p>			
Print Name:	Darrell Thomas	Date:	02-10-16
Signature:		Date:	02-10-16
<p>Offender refused to make a statement.</p>			
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 #2 tier. When I approached cell number 10, I observed offender 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.

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 ThomasEmployee: ☒ 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 ~~Wilson~~ upward where I was able to untie the sheet from the cell door. officer caskey and myself lowered offender ~~Wilson~~ to the floor. I then instructed Lt. Alsop to open the cell door. I then immediately entered the cell and removed the sheet from around offender ~~Wilson~~ neck. Lt. Alsop then arrived on the scene to assist me. It was observed by Lt. Alsop and myself that offender ~~Wilson~~ was unresponsive and a pulse could not be ^{O.T} found located. At that time, Lt. Alsop and myself began CPR on offender ~~Wilson~~. I officer Thomas began chest compressions while Lt. Alsop began rescue breathing. I officer Thomas and Lt. Alsop continued CPR until RIV T. Haley

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

No injuriesWere 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		
Emanda Hollingsworth				X				
Participant		Witness		Civilian		Other: (Specify)		
X								
What did you see, hear and/or do:								
<p>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 Johnny Williams on the stretcher at 0433 hours.</p>								
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:					Date:		02-10-16	
<input type="checkbox"/> 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 overheard C/O Thomas call out for a possible suicide on A2 tier. I then immediately notified Nurse Haley and Major Coleman. I C/O observe, 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 (u) [REDACTED] and Major Coleman had exit as well.

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

none

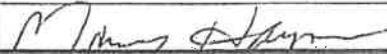
Were you screened by medical? Yes ☐ No ☒

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
Mary Hayes		X	
Participant	Witness	Civilian	Other: (Specify)
X			
What did you see, hear and/or do:			
<p>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.</p>			
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:		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 for a medication. 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 Officer James Keene #290714 who was assigned to the cell with offender [REDACTED], to wake up and assist with lifting offender [REDACTED]. Officer 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):

NONEWere you screened by medical? Yes ☐ No ☒Signature: Mary HayesDate Original Statement Written: Feb 10 2016Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

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

Name: Mindy Hayes Employee: ☒ Offender: ☐ DOC: #:

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

What did you see, hear and/or do:

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

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

None

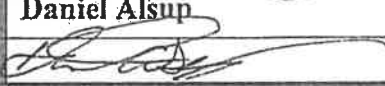
Were you screened by medical? Yes ☐ No ☒

Signature: Mindy 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
Daniel Alsup		X	
DOC #			
Participant	Witness	Civilian	Other: (Specify)
X			
What did you see, hear and/or do:			
<p>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.</p>			
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 Alsop Employee: ☒ Offender: ☐ DOC: #: Check One: Civilian: ☐ Witness: ☐ Participant: ☐ Other (Specify):

What did you see, hear and/or do:

On 2-10-16 at approx. 4:24 A.M. I LT. Alsop observed OFFICER THOMAS on A-2 TIER in Cypress unit Call man down. 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 retrieve 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):

NoneWere you screened by medical? Yes ☐ No ☒Signature: [Signature]Date Original Statement Written: 2-10-16Date 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 Alsop 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 placed on the medical
stretcher and escorted to the infirmary while Nurse Haley continued
CPR. I accompanied 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

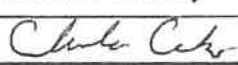
Were you screened by medical? Yes ☐ No ☒

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:							
<p>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.</p>							
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:					Date:		02-10-16
<input type="checkbox"/> 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 am.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 approximately 4:24 a.m. Officer Charles Caskey was standing at the entrance of Cypress A-2 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 offenders 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 Doc #290714, who was also in the cell but asleep in his bunk was awake.

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 Wilson while
officer Thomas untied sheet from bars. Offenders
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 Wilson to the
infirmary by stretcher

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
De'Auntayee Nash		X	
Participant	Witness	Civilian	Other: (Specify)
X			
What did you see, hear and/or do:			
<p>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.</p>			
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:	<i>De'Auntayee Nash</i>	Date:	02-10-16
<input type="checkbox"/> Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident: 2-10-16Time of Incident: 4:24 a.m.Name: De'Auntayee NashEmployee: ☒ Offender: ☐ DOC: #:Check One: Civilian: ☐Witness: ☒Participant: ☐ Other (Specify):

What did you see, hear and/or do:

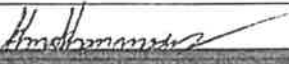
On 2-10-16 at approximately 4:24am, I officer Nash was notified by officer Moses of a man down on A2 tier. I responded to Cell 10 and observed offender [REDACTED] with what appeared to be a white sheet around his neck area and the cell bars. I observed Officer Caskey holding up offender [REDACTED] while 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 Alsop until AN Haley entered and began CPR. Offender [REDACTED] was placed on the stretcher and escorted out the Unit by AN Haley, Major Coleman, Lt Alsop, and the orderlies.

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

NoneWere you screened by medical? Yes ☐ No ☒Signature: De'Auntayee NashDate 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:							
<p>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].</p>							
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:					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: 2-10-16Time of Incident: 4:24Name: Jonathan MorrisEmployee: ☒ 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 Morris 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 shirt tied around the bars and offender [redacted] neck area. At this time, Captain Hayes instructed offender James Krome #290714 to wake up and assist officer Caskey with lifting offender [redacted]. Officer Thomas untied the shirt 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 Alsop to begin CPR. RN Haley entered the cell and began CPR. Major Coleman and two officers with the stretcher entered the tier. Offender [redacted] was placed on the stretcher. Along with Lt Alsop, 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. 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. J. [redacted] at 05:35 hours, Winn Parish

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

noneWere you screened by medical? Yes ☐ No ☒Signature: Jonathan MorrisDate Original Statement Written: 2-10-16Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

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

Name: Jonathan mason Employee: ☒ Offender: ☐ DOC: #:

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

What did you see, hear and/or do:

Lorance Matt Miller took possession of offender

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

None

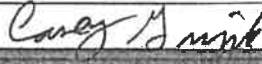
Were you screened by medical? Yes ☐ No ☒

Signature: Jonathan mason

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:							
<p>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 Alsop 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].</p>							
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:					Date:		02-10-16
<input type="checkbox"/> 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 AmName: % Cases 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. Grizzle was working 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 nurse Haley and medical staff performing CPR. I then assisted Lt. Alsop 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/AWere you screened by medical? Yes ☐ No ☒Signature: % Casey GrizzleDate Original Statement Written: 2-10-16Date 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 Parish Medical Center until the Coroner arrived
and took possession of Offender [REDACTED]
Winn Parish 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: Spencer Deville		Employee: X	Offender: DOC #
Participant: X	Witness:	Civilian:	Other: (Specify):
What did you see, hear and/or do:			
<p>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].</p>			
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: <i>Spencer Deville</i>		Date: 02-10-16	
<input type="checkbox"/> 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 dogwood
gate, c/o Spencer DeVille was instructed by Lt.
Werner to prepare a vehicle for a hospital trip
to Winn Medical Center with offender [REDACTED]
[REDACTED] at 4:45 AM c/o DeVille exited Winn
Correctional Center to follow ambulance. at 5:35 AM
c/o DeVille was informed by c/o Casey Grizzle
that offender [REDACTED] was pronounced deceased.
c/o DeVille was instructed by Major Coleman
to stay at hospital until the count had 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: