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

	Mr. Marie Marie	DEATHNE	KHINTERNATIONAL
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

You will not need to report anything at this time.

• At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

s.irujsucip.ru.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 bisdcrp@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 FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 8 1 0 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Schedule II b.
3.	What was the name and location of the correctional facility involved? Facility Name: Winn Correctional Center Facility City: Facility State: LA	c. d. e. 10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 1 1 7 1 9 7 4 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female	 □ 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
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	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:
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:	

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
☐ In the inmate's cell/room☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
PLEASE In a special metal and infilting
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. assident suicide or hamiside) equaing the death accur?
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.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the follow ces for the medical condition that caused his/her death after admission to your correctional	ing medical facilities?
	•	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		A. Evaluated by physician/medical staff PLEASE b. Diagnostic tests (e.g., X-rays, MRI) PLEASE c. Medications EACH ITE d. Treatment/care other than medications ESurgery PLEASE e. Surgery PLEASE RESPON EACH ITE Confinement in special medical unit PLEASE RESPON EACH ITE Confinement in special medical unit PLEASE RESPON EACH ITE CONFINEMENT IN	
	after	the cause of death the result of a pre-existing medical condition or did the inmate develop to admission? (If multiple conditions caused the death and any of the conditions were pre-existexisting 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	
Plea	se ado	d any additional notes regarding this death here:	

∍rm C-05-001-W-1 5 July 2011

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

INSTITUTION: WNC

NAME NUMBER	IF	OORM OR CELLBLOCK	DATE		
CHEST CASES		Birch D1-10	8/10/2	OF INCIDENT	TIME OF INCIDENT 3:04pm
LOCATION OF INCIDENT Cypress Unit		WITNESSES			
ТҮРЕ	OF INCI	DENT - CHECK APPROPR	RIATE	BOXES	
Escape	Gui Gui Ass I Gui Ass I Gui Ass I Gui	ary B Incidents; appee Apprehended ath Due to Natural Causes Expected Unexpected ashot - Shoot to disable (Clault with significant injury Offender on Staff Offender on Offender With Weapon Without Weapon Attempted Suicide with Significant Injury Self Mutilation with Significant Injury ger Strike - Individual ager Strike - Organized of Force w/Significant Injury I Lockdown of Limited Num of Offenders afficant Water/Power Outage perty Damage - Limited cuation - Limited ar - Employee Arrest ar - Determined by Unit Here	ry mber ie	Gunshot - W Self D Injury Assault With Offend With V Withou Throw Use of Force Immed Chemi Offend Use of Cell Er Shield) Less L Restra Chair, Staff of Individual Hu	fense aff)* fense fender)* Sexual Misconduct* farning Shot (Class II) efense - No Human or Death No Significant Injury ler on Staff fer on Offender Veapon int Weapon ing of Substances liate ed cal Agents on Single er Taser® intry Team (Elec. ethal Weapons ints Used (Restraint 4 Point, etc.) n Offender inger Strike
On the above date and time	CIDENT	(ATTACH ADDITIONAL IN	IFORM	ATION:IF NEEDE	(D)
was a fame and and					
Major Gary Colema		8-11-110			9:45

Major Gary Coleman REPORTING OFFICER

DATE COMPLETED

TIME COMPLETED

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

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

INSTITUTION: WNC

NAME	NUMBER	DORM OR O Birch D1-10	ELLBLOCK	DATE OF INCIDENT 8/10/2016	TIME OF INCIDENT 3:04pm
LOCATION OF INCIDENT Cypress Unit		WITNES:	SES :hed statemen	its	
	TYPE OF INC	CIDENT - CHE	CK APPROPE	RIATE BOXES	
Accidents	nt		Medical Mental H Protectio Security Shakedo Ro	lealth In Request Inspections White White Inspections White White Inspections White Inspections White Inspections White Inspections Inspec	☐ Offender ☐ Offender m as outside
Other:					
On August 10, 2016 at an	ON OF INCIDEN	HE ACTTAGE!	DDITIONAL	JEORI VATIONIE NEED	A Park
On August 10, 2016 at apprassistance over the radio d Officer Moras and Officer I aggressively pulling on Bin D Jones, Sgt. C Brothwell order to submit to handcu away. Sgt. Jones then place placed him in a seated post Offender Major G Hayes to assist Offender Major G Hayes to assist Offender Worth of meth. While at the staff to gain a blood press cooperate with medical state to restricted housin main walk requiring the appression of the cell. To gain and Sgt. Jones. Capt. Toler held Offender Major Capt. Toler held Offender Major Capt. Toler restraints to gain control. Of reapplied handcuff restraint resisting to allow staff to expense the resisting to allow the resisting	ue to Offender R. Collins both of the key door as if and Lt. M Hayes ff restraints. Offe ed his right and iton on the floor. Coleman and Collins beha to his fee while enroute to garding his beha o infirmary, per L ure reading. Offe ff. Sgt. Jones ar golication of legino -1 tier, cell 1 who colosing the cell control, Offender then removed ti ht and left legs. ging his left hand capt. Toler and left ts to both wrish	observed Offer to entered Birchender Lt. Hayes and apt. B Tolar trans around the infirmary and Lt. Hayes and Lt. Hayes and Lt. Hayes and Lt. Hayes applied by the continued by the legirons full the result. Curry the lag. Cant. Toles Lt. Curry the la	woras who was a constructed key h Unit where refused and und Offender d Sgt. Brothwentered the unit to the init of	was assigned to Birch rch D1-10) acting aggresively slam D1 control area. In respon Sgt. Jones gave Offen attempted to physical upper chest are li then applied restrainit and instructed Sgiffmary for a medical eing to pull away and rused that he had used for readjusted to the from the aggressive by pulling tructed by Capt. Toler kicking and pulling away and rused and attempted to entifused and attempted to entification attempted	Unit Key called for essive towards staff. tier door and begin se, Lt. A Dixon, Sgt. der and a direct live push Sgt. Jones ea from behind and his to both wrists of a Brothwell and Lt. evaluation. Offender in from staff. When approximately \$100 ent to allow medical graway refusing to to escort Offender ay from staff on the er cell 1 in order to push past staff to Lt. Hayes, Lt. Curry Officer D Johnson t. Offender in the back and each of the back and staff or the back and staff or the back and staff or the staff or the back and staff or the back a

became combative. After the second attempt to exit the cell Offender complied with orders to stop resisting. At approximately 3:42pm, all staff exited the cell and the cell door was closed. Offender 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 did not respond. At approximately 3:43pm, Sgt. Jones entered the cell and observed Offender 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 witals. It was observed that Offender 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 3:61pm, LPN Self entered the unit with an AED and stretcher to assist in giving life support to Offender 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 to 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 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 deceased at 4:59pm. Warden K. Deville was notified. Warden Deville then intiated 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), was notified at 5:25pm. State Coroner Matt Miller took custody of Offender at 5:53pm. Warden K Deville was notified.

Maine Gary Columb

N-11-16 DATE COMPLETED 9:464.m.
TIME COMPLETED

Date of Incident	8/10/20	16	Time of Inc	cident:	3:04pm
	Name		Employee	Offender	
Offic	er R. Collins		X		
Participant	Witness	Civili		Othor	(Specify)
Winner Co.	X		4,7,7	Other,	(Oligetta)
What did you see, he	ar and/or do:				单层型的
On 8/10/2016 at appr back on their tiers who opened the tier door is to get in the key. C/o Sgt. Jones wrestled the	and (O) Moras called f	then slam	came in a med the tier of and Sot. To	nd refused loor shut ar	to go on his tier. I
	T. Craffer				
Note all injuries receiv	ed: (If none, t	hen state so)		
Note all injuries receivences None	ed: (Ir none, t	hen state so)		
None					
Note all injuries received one Were you screened by Print Name:			(Circle One)		
None Were you screened by Print Name:			(Circle One)	e:	
None Were you screened by Print Name: Signature:		or No	(Circle One) Dat	e:	
None Were you screened by Print Name: Signature:	medical? Yes	or No	(Circle One) Dat	e: :	

Date of Incident	8/10/20	16	Time of Inc	eident:	3:04pm
	Name	Day 1987	Employee	Offender	
Offic	er S. Moras		X		
Participant	Witness	Civilia	n F	Other	(Specify)
Figure phase is	' X			other.	()
What did you see, he	ar and/or do:				
On 8/10/2016 at appracting aggressive. At up when co Collins I noises, telling me to o key door open. At ap	approximately and the door op open the key an	3:06 (O) a en, he then d let him in	started walk	ed D1 gate and ing back are began to at	nd fourth making
		Good W.C. S. S.			
Note all injuries recei None	wed: (If none, t	hen state so)i:;		
Were you screened by	y medical? Ye	s or No	(Circle One)	
Print Name:			Dat	te:	
Signature:			Dat	te:	
Offender r	efused to make	a statemen			
Employee Witness:			Dat	in l	
Employee Witness:			Dat		
Employee willess:			1721	C.	***

Date of Incident:	8/10/201	6	A Carried		3:11pm
	Name		Employee	Offender	DOC#
Sg	t. D Jones	The second second second second	X	Onende	DUC#
Participant	Witness	C: III	And the last control of		
X	X	Civilia		Other:	(Specify)
WALL STORY TO SEE THE TO		Sale of the Mark	ASS 15190 May 1010		TAROTE STATE OF THE STATE OF
On August 10, 2016	at approximate	ly 3:11nm I	Sat D Jane	TO SHEET THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF	SE TRIBUTE IN THE SE
call in Birch Unit. A	s I approached	Birch Unit I	observed (C	s responded	to an assistance
trying to enter Birch	key, I approac	hed (O)	giving h	im several	verbal direct
orders to turn aroun	id and be restra	ined. (O) 🗰	Was iac	fing in an a	ggreccive
manner, as (U)	approached	me he was l	ecoming co	mbative sta	fing "compone ic
trying to kill me", no	e cannot stay an	d forced hin	iself away fr	om me. To	gain compliance
01 (U) 1 Sgt	. Jones placed m	iv left and r	ght arms on	(0)	unner
snoulder area. I, the	n placed (O) 🔚	in a se	ated position	on the floo	r until assistance
arrived. At approxim	nately 3:12pm I	t. Hayes an	d Sgt. C Bro	thwell arriv	ed and applied
handcuff restraints t	o the wrists of (O)(1200)	With the fol	lowing, (O)	was was
escorted to the infirm	nary by Lt. Hay	es and Sgt.	Brothwell, C	nce (O)	refused
medical and became	compative, 1, S	gt. Jones alo	ng with Lt.	Hayes escor	ted (O)
to Cypress Unit. (O) away and also attem	nting to van (O	comply wit	n the escort,	he then atte	empted to break
stop, (O) decided to	pung to run. (O	on his book	is given seve	rai direct v	erbal orders to
instructed him to bri	no a set of lea in	on the back	ad I t Curr	r notnied L	t. Curry and
irons on (O)	at approximate	ly 3:33nm. I	t Haves on	d myself en	tered Cupress
Unit at approximate	ly 3:36pm. (O)	was	nlaced in A1	tier cell 1	where given a
verbal direct order t	o go to his knees	so the leg in	rons could b	e removed	(O) did
not comply. I assisted	d Lt. Curry at th	ie shoulder	area with pl	acing (O)	face down.
(O) continue	d to be combati	ve while we	tried on sevi	eral occasio	ns to back out of
the cell. (O)	finally complied	with a verb	al direct ord	ler to remai	n on floor until
staff exit the cell. On	ce cell door was	closed, I no	ticed (O)	did no	of respond to a
direct verbal order to	o stand to his fee	et and back	up to the cel	l door so re	straints can be
removed. I, then ento	red the cell and	observed th	ie (O) appea	red to be un	iconscious. I
removed restraints and called for assistance. Lt. Hayes notice (O) 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 b	v medical? Ves	or No	(Circle One		教徒到国际国际区域制度
Print Name:	Darius	Durg	Dat		120110
Signature:	X O Days			0 1	1,2017
	AND CHUR	MICH	XXI	11811) W) (Q
Offender r	efused to make	a statement.			

Employee Witness:	CONTROL OF THE PROPERTY OF THE	WILLIAM CONTRACTOR
Employee Witness:	Dater	
= taplo; co William	Date:	

Date of Incident:	8/10/2016	Time of Inc	ident:	3:14pm	
	Name	Employee	Offender	DOC#	
Lt.	M Hayes	X		association and	
Participant	Witness Civilia	in the second	Othory	(Specify)	
X	X	***	Other,	(Specify)	
	AND THE PARTY OF T	SELECTION OF REAL PROPERTY.		(4) (5) (7) (6) (6)	
On August 10, 2016	at approximately 3:14pm I	. Lt. M Have	s responded	to an assistance	
needed in Birch Uni	t. Upon arriving in Rirch II	nit Lt Have	havrand &	ort D Inner on	
Diren moor with Off	ender.	At this	time I place	ed my right knee	
on (O)	shoulder as he was face do	wn on the flo	or of Birch	Unit. L. I.t. Haves	
gave (O)	eral verbal direct orders to	put his hand	ls behind hi	s back and be	
restrained. (O)	complied after about th	e 5th order, (O)	was then paced in	
a seated position. At	approximately 3:17pm (O)	was	assisted to	his feet and	
escorted to medical f	from Birch Unit. During th	e escort to m	edical (O)	became	
combative and tried	to run away from Lt. Have	s and Sgt. D	Jones. (O)	was made	
to stop walking and	was asked "What's wrong	with you?" b	v Lt. Haves.	(O) District	
stated that he done a	bout \$100 worth of meth. I	. Lt. Haves a	nd Sgt. Jone	es then started	
the escort process ba	ck to medical. (O)	arrived in m	edical at ap	proximately	
3:20pm. (O)	was placed in exam room	#2 where he v	vas still beir	ng combative.	
Nurse Self tried to ch	ieck (O) have he refused	l and was bei	ng combativ	ve toward Nurse	
Self. (O) was	escorted from medical to	Cypress. Dur	ing the esco	rt to Cypress	
Unit (U)	empted to run from Lt. Hay	es and Sgt. J	ones. (O)	inville was	
stopped on the walk	by the command post. (O)	then	sat down or	the ground and	
acted as if he did not	want to walk and he was k	icking his fee	et. Lt. Curry	then came on	
the walk and applied	leg restraints to (O)	, and escor	ted him to C	Cypress Unit. (O)	
was placed in	n cell #1on A-1 tier. Capt. I	3 Toler remo	ved the leg i	estraints, as Lt.	
Curry attempted to i	emove the hand restraints	from (O)	he bec	ame combative	
and was placed face	down to gain compliance. (O) W	as still bein	g combative so	
the nand restraints w	ere placed back on (O) 🌆	behind	his back by	Capt. Toler and	
out of the call of (O)	es was instructed to back o	ut of the cell	at this time.	After backing	
out of the cell of (O)	was instructed to s	tand up so th	e hand resti	raints could be	
looked as it?	did not comply. Sgt. Jones	s along with I	Lt. Hayes no	oticed that (O)	
looked as if he wasn't breathing. Capt. Toler, Lt. Curry and Lt. Hayes turned					
(O) over and checked for signs of life. At this time medical was called to bring					
the AEDand chest compressions were started. Note all injuries received: (If none, then state so)					
ratice an injuries rece	ived; (11 none, then state so) 一种特别的	The state of		
Were you screened by	wmedical? Yes or No	(Circle One)		West and the same of the same	
Print Name:	100	Dat		10/2016	
大学	Marcus Hayer	190191			
Signature:	18.91/m 18/1	Dat	e: 8/	10/2016	
	1 11/1	The state of the s			

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

Date of Incident:	8/10/2016	Time of In	cident:	3:12pm
	Name	Employee	Offender	DOC#
	Lt. A Dixon	X		
医红色素性 医侧侧				() () () () () () () () ()
SAN CHANGE OF THE SAN CHANGE	Walter Committee	MAY ON SHARING		PLANTAL TO SELECT THE
On August 10, 2016 a	t approximately 3:12pm	I I.t. A Divon	ontared Div	oh II-it to
respond to a request f	or assistance when I obse	erved (O)	office White	en Onn to
behaving in a combat	ive state toward Sgt. D Jo	ones. I gave (C	() so	everal verbal
(O) to the flow	ly and be restrained. (O)	did n	ot comply S	gt. Jones placed
arrived.	or. Lt. Hayes, Sgt. Brothy	ven, Capt. 16	ier and Majo	or Coleman
Note all injuries receiv	ed: (If none, then state so	0)	And the state of t	
Were you screened by	medical? Yes or No	(Circle One		
Print Name:		Dat	e: 8/10)/2016
Signature:		Dat	e: 8/10	0/2016
Offender re	fused to make a statemen	f. 2022		
Employee Witness:		Dat	e:	
Employee Witness:		Dat	23 SHITT	

Date of Incident:	8/10/2016	Time of In	cident:	3:14pm
Sgt. C Brothwel			Offender	DOC#
ogi. C brothwei		X		
自由的特別的基础的原	10%产品的50%产品的1	学校表 赤树木	计图像 首集	以是这种的
	NEW YORK OF THE PARTY OF THE PA		CANAL DESIGNATION	
Hayes and I put han While going to the in Hayes and I keep a f complying to orders instructed to take his Once we made it to C by refusing to let us to (O) was unreinstructed by Major Medical Center. Once Ugochukwa that at 4	at approximately 3:14pm ones trying to restrain (O) destraints on (O) firmary rude to the control of the control o	we escorted several times to the infirm o the nurses. he did not con A1 cell (O) of. A few minuted and I assinsport van foldical Center, on ounced dec	(O) At that poin apply going dependent continues later I was informated and a constant of the continues are also and a constant of the continues are and a continues are and a continues are	L. Once Lt. to the infirmary. h made Lt. was still not t we were lown the walk. nued to resist us as informed that PR. I was then Winnfield ned by Dr.
	ived: (If none, then state so			
Print Name:	Chris Brothwell	(Circle One Dat	And in case of the last of the	16
Signature:	Ch Butter 2	Dat		
Offender r	efused to make a statemen	t.	A THE TANK STA	
Employee Witness:		Dat	er	
Employee Witness:		Dat	AND DESCRIPTION OF THE PERSON	
		NOVEMBER 1	WANT OF THE PARTY	

Date of Incident:	August 10, 20)16	Time of I	ncident:	3:04pm
	Name	国人提高 模	The second second	Offender	
Major G Coleman			X	- DANGINGO	DUX III
MANAGEME, MANAGEMENT			STATE STATE		2.46.50.00.00.00.00.00.00.00.00.00.00.00.00.
On August 10, 2016	国际公共中国公司	1 2 2 4 7			
On August 10, 2016 a	at approximate Birch Unit, Un	ly 3:04pm I. on entering	, Major Ga Birch Unit	ry Coleman T Major Co	responded to a
Offender		sitting upri	ght on the t	loor with ha	ndenff restraints
on both wrists behind	d the back. I wa	as informed	by Lt. M F	layes that O	ffender American
was acting aggressive Hayes, Capt. B Toler	towards staff	and appear	ed to be int	oxicated. I in	istructed Lt.
him to medical for ar	i examination.	I observed (Offender F	resisti	nis feet and escort
and Lt. Hayes by atte	empting to pull	away and r	un. Offend	er w	as then escorted
to restricted housing	pending discip	linary charg	ges. At app	roximately 3	:42pm I was
informed by Capt. To was needed. I, Major	Coleman repo	ner rted to Cvn	was unres _l ress Unit w	onsive and i here I obser	nedical assistance
security staff conduct	ting CPR and t	itilizing an A	AED on Off	fender 1988	. I. Major
Coleman then instruc	cted central cor	itrol to notif	fy Advance	Emergency	Ambulance
Service at 3:56pm. A 4:09pm and took cust	uvanced Emerg tody of Offenda	gency Ambu	Major Co	ice arrived a Jeman instri	t the facility at
Brothwell to prepare	a security esco	rt to accom	pany the ar	nbulance to	WPMC. I, then
instructed Lt. Barton	and Sgt. Allen	to accompa	iny Offende	er in	the ambulance to
WPMC. Advance Em Coleman was later no	tergency Ambu	ilance Servie Prothwell the	ce exited th	e facility at 4	4:35pm. I, Major
deceased at 4	:59pm at WPN	IC. State Co	roner Mat	t Miller took	custody of
Offender at 5	5:53pm. Warde	n K Deville	was notifie	d.	
Note all injuries recei	wed: (If none t	han stata sa	VI. I STATE OF THE	OCCUPANTIONS	
Non	vea. (if none, i	nen state so		the state of	1000年123日中海市
70071					
111	10 32				and the second s
Were you screened by Print Name:			1.00	The Control of the Co	The state of the s
Signature:	Gary Go	fema	The same of the sa	ate: 8-11	
and the faller of the state of	5 17		A STATE OF THE PARTY OF THE PAR	ate: 3-10	2-16
entra de la compania	efused to make	a statement			
Employee Witness:			558388	ite:	
Employee Witness:			D	ite:	

Date of Incident	8/10/20	16	Time of Incident:			3:17pm	
	Name		Emplo	yee	Offender		
Capta	ain B. Toler		X				
Participant	Witness	Civilia	n		Other:	(Specify)	
X	X					0.00	
What did you see, he	ar and/or do:			AL SA			
On 8/10/2016 at appran assistance call. When and suffed behand Lt. Hayes to assist behind the escort. At offender in exam room this time the offender from this time the offender to with Lt Hayes and Sgrast the command porun. Several direct or on the walk and layed assist the offender to occasions to break from the walk and layed assist the offender to occasions to break from the walk and layed assist the offender to occasions to break from the walk and layed assist the offender to occasions to break from the walk and layed assist the offender to occasions to break from the placed face down to the placed face down to the placed face down to the placed face down the placed face down the placed it behind the provided the placed it behind the begin backing out then began attempting to stop; he still refuse the staff then exited the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the proximately 3:46pm to the proximately 3:46pm to the breathing. I respect to the proximately 3:46pm to the proximately	hen I arrived, I ind his back ta st the offender approximately m #2. During to the back to the became combation Cypress unit. It. Jones escort ist, the offender ders were gived down on his I his feet and coom the escort. I recally 3:37pm. Unrect verbal order to the floor. I re handcuffs from the floor is the wrist. The offended of the offended to the offen	I observed on thing out of to his feet a y 3:20pm we the examinate front to at pative again a tive. I then in We exited thing the offer the leg in the the leg in the left had appropriate to stop are to the left had appropriate to stop are to the left had appropriate to stop are to the left had a resist by a nder was the left had a resist by a nder was the left had a resist by a left and gained Lt. Curry parist of the old maintained and set to his left had set had se	ffender his head nd escord entered tion by I stempt to and had structed he infirmeder who mbative ender to instruct scort. The Lt. Crons we broxima g the cel were giveleg iron and of to attempting en placed arms used control control	d. I g rt him I the LPN o get to b I Lt. he by a stop ed L he of urry re ap tely l, the ren to a fac nder ol of e offo I the l of the	ave instruction to the infirmary and self, the offe a blood proceed by the placed by the self, the self and at approximate the self and and approximate approximat	irmary. I followed and placed the sender needed to essure reading. A ck into the chair. Sgt. Jones to mately 3:30pm. Then the escort to jerk away and is he then sat down to jerk away and is he then sat down to jerk away and is he then sat down to jerk away and is he then sat down to jerk away and is he then sat down to jerk away and is he then sat down to jerk away and is a several more our location with scort continued to arrived at A1-gain became fused and had to es of the offender the cuffs were arms with a se again on the elf. I then placed ad of the offender hand behind his d the other staff	

None			***************************************	
Were yo	u screened l	y medical? Yes or No	(Circle One)	
Print Na	me:	Bobb Tole	Date:	8-10-16
Signatur	gnature:		Date:	8-10-16
		refused to make a statement		
Employe	e Witness:		Date:	
Employe	e Witness:		Date:	•

Date of Incident:	8/10/2016	Time of	Incident:	3:33pm
	Name	Employe	e Offende	r DOC#
Lt.	J Curry	X		
Participant		Civilian	Othe	r: (Specify)
X	X			
On August 10, 2016				AN AND THE STREET
On August 19, 2016 assist on main walk t	at approximately 3:3	spm I, Lt. Curr	y while in C	ypress was called to
I responded to locati	on between Cypress	gate and comms	nd post I a	nnlied leg restraints.
to both ankles of (O)	Light to the first of the first	. I. then re	turned back	to Unit (O)
was escorted	to A-1 isolation cell	. (O) wa	s given sever	ral orders to get on
his knees to allow res	straints to be remove	ed safely. (O)	was no	n-compliant and
defiant towards instr right and left hand o	n (O) right s	placing (O)	face do	wn by placing my
calm down and stop	resisting. I, then unc	uffed his right w	rist at this t	ima (O)
became combative ar	id resistant. I assiste	d in maneuverin	g both his h	ands behind his
back when hand rest	raints was reapplied	. All staff was th	en instructe	d by Capt B Tolor
I then exit the tier on	ce the cell door was	secured. I was n	otified by Lt	Haves that (A)
was non-resp have breathing diffic	onsive. I reported builty. I re entered the	ack to the cell lo	cation (O)	appeared to
Hayes in checking for	r a pulse in his left w	rist There was	estraints an	d assisted Lt.
appeared to not be bu	reathing. I notified n	iedical via radio	medical sta-	ff, a stretcher and
an AED is needed to	unit. I assisted with:	performing CPR	by conduct	ing chest
compressions until m	edical assistance arr	ived.		
Note all injuries recei	ved: (If none, then s	tate so)		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	inte bo)		OF EARLS HOW PROPERTY
Were you screened by	0 //			
Print Name:	44 Curry		Date:	8/10/2016
Signature:	11 ctg Civer	I	Date:	8/10/2016
Offender re	efused to make a sta	tement.		
Employee Witness:	the terminal and the second	IT	ate:	CONTRACTOR STATE
Employee Witness:		1919	ate:	
	THE RESERVE OF THE PARTY OF THE	- Bill	X (0)	

Date of Incident:	8/10/2016		Time of Incident:			3:38pm	
	Name	91 P 10	Employee Offender		Offender	DOC#	
	er D Johnson		X				
Participant	Witness	Civilia	n		Other	(Specify)	
X	X	Market of the 27	300 M SESSO	2 40 00			
On August 10, 2016	at approximate	ly 3:38pm I,	Office	r D J	ohnson obs	served (O)	
of theories Trumples (19)	being phy	sically unco	operat	ive ar	id resistant	towards staff	
while they were trying	while they were trying to put restraints on the Offender. I, then assisted by placing my hands on the legs of (O) who was resisting and attempting to kick his feet. I,						
continued my hold a	(O) wh	0 Was resisti os etill resis	ing and	latter	npting to k	ick his feet. I,	
on (O) I wa	s then given ins	tructions to	back o	ut of	the cell one	e restraints were	
placed on the Offend	ler. I, then over	heard Lt. M	Hayes	say t	he Offende	er was	
unresponsive. I, ther	observed Capt	t. B Toler, L	t. J Cu	rry, a	nd Lt. M E	Iayes reopen the	
cell and immediately until medica	d staff arrived.	g for vital si L then assist	gns. Sg ted in (gr. DJ CPR c	ones then i	negan CPR on (O)	
staff.		····				ino with michigan,	
					Į.		
						ga ^k	
	Ti.						
Note all injuries rece	ived: (If none, t	hen state so		A STATE OF		1000年的	
			-			1 311	
Were you screened b	y medical? Ye	s or No	(Circle	e One).		
Print Name:	D'Ondrag L	Johns		Dat	All the same of th	8/10/2016	
Signature:	D'Ordae	1 alun	-	Dat	er	8/10/2016	
Offender r	efused to make	a statement					
Employee Witness:	Committee of the second		New York Control	Dat			
Employee Witness:				Dat	LYREAG .		

Date of Incident:	8/10/20	16	Time of In	cident:	3:36pm
	lame icer T Spivey		Employee	Offender	DOC#
		IVON NOT THE REAL PROPERTY.	X		
Participant X	Witness	Civilia	n	Other:	(Specify)
			和新 達加速	ALCO AND DE	
On August 10, 2016 a	t approximate	ly 3:36pm I,	Officer T S	pivey and L	t. J Curry
observed Sgt. D Jones	, Sgt. C Broth	well, Lt. M]	Hayes and (Capt. B Tole	r escort (O)
trying to jerk away. L	into Cypr	ess Unit. Of	fender	was hair	or more defiend
opened the cell door o	I A-1. (U)	was stil	l heing defis	ant while he	ng placed into
the cen. Capt. 1 ofer if	istructed me to	o close the c	ell door. Søt	Jones and	I t Haves antowed
the cen. Lt. Flayes the	n exited the ce	II to get Can	it. Toler. Ca	nt Toler I	Haves and I t
Curry entered the cell until medical arrived.	. Capt. Toler	then called f	or assistanc	e. I, then ass	isted with CPR
	5 3-5				
Note all injuries receiv	ed: (If none, th	nen state so)	以前 。	ALL PROPERTY OF	
Were you screened by Print Name:	medical? Yes	or No	Circle One	ALCOHOLD STATE OF THE PARTY OF	
	Tony Spi	vey	Dat	1965	3/10/2016
Signature	3014	D'	Dat	e: 8	3/10/2016
Photographic Company of the Company	used to make	a statement.		1 300 45	《《科···································
Employee Witness:			Dat	e:	
Employee Witness:			Dat	e:	

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 r	responded to a man down call from cypress unit for offender
	ved 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 am	abulance as security to Winn Parish Medical Center.
At approximately 4:10 PM I Sgt. Barton left Wins	in Correctional Center in the ambulance with the offender and the
EMTs and provided assistance in CPR for the offi	fender until we arrived at the hospital at approximately 4:45 PM.
At this time the situation was turned over to the m	nedical staff of Winn Parish Medical Center
At approximately 4:59 PM Dr. Ike of the Winn M	
At approximately 5:53 PM custody of the decease	ed 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 pla	ice of this incident.
Were you screened by Medical? Yes N	ToX
Signature: D. Barrow	·
Date Original Statement Written: 8-10-16	
Date Typed Statement Reviewed and Signed:	

WINN CORRECTIONAL CENTER LOCKDOWN INFORMATION REPORT

OFFEND	ER NAME	Theres	Aug 1	L Ar	en Ha		DO	C#:	J.S.	124		RACE	:W
DATE/T	IME IN: _	8-10-16				AU	THORI	ZED E	Y: <u>}</u>	lagor	G.	0	eme
CHECK	ONE: X	<u> </u>								•	•		•
JNIT AS	SSIGNED:	Cyp.	JO	B:		_ TIE	R/CEL	L PLA	CED	ın: Cy	PA	1 #	1
HARG	E: pend	cyp	DB	DAT	E & RE	SULTS:		Sed()	er vi	kt-(015)	Cell		
	1.2	L NEEDS OR I											
		CE BELOW TO										RECE	IVES
		VISOLATION											
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heha	vior.	Pond	10	reizi	1.64)								
			J										
	condition:	S OR PRECAU	JTIONS	(RESTRA	AINTS, ENEM	ies, assaul	TIVE, GANG	O AFFILIAT	IION):	Cell	-dlor	J-(
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	MEALS.	MEDICAL	EXER		ORD TIM	IE AND II		gi VIA GITES		建化基 素		CAP	rain*
DATE;	MEALS	MEDICAL DAILY			Author La	TE AND II			5	*LIBRARY	CHONE	CAP	,
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STORES OF				CISE	Author La		ACI		5	SLIBRARY	PHONE		IAIN*
STREET, ST				CISE	Author La		ACI		5	SLIBRARY	PHONE		IAIN*

WINN CORRECTIONAL CENTER, LLC. INCIDENT STATEMENT

Date of Incident Time of Incident:	BUSOM
Name: Keury Dale Set Employee: K Offender:	DOC:#:
Check One: Civilian: Witness: Participant: Other (Specify):	e. te
	. 1
What did you see, hear and/or do:	
I , Nurse Sets, white on dudy of the ins	month did resson
to Man Down Call for	n Mars Alani.
On amusic stretchen observe affender not be	extry extremeters blue
DECURRY CYKIN BROJESS HED ANDRES	and unit
shocks offender CPR continued &	AMBU Broother
awarting Ambulance arrival CPR	arthurer of
Medical Staff and Security Staff and	Am belong
transports afferden to work - ET	2 dwarts at
435 pm. I had left OPR.	, ,
	s consult and
call in Export to WPMC-ER.	
Note all injuries received (If none, then state so):	
Non€	
None	
Were you screened by medical? Yes I No XI	:
Signature: Kees Dile fell LIV	
Date Original Statement Written: 8-10-0016 3 " 5(00)	m
Date Typed Statement Received and Signed:	:
•	2

WINN CORRECTIONAL CENTER, LLC. INCIDENT STATEMENT

Date of Incident: 8-16-6 Time of Incident: 3.160
Name: Rande Pria Employee: Offender: DOC: #: 339241
Check One: Civilian: Witness: Participant: Other (Specify):
The state of the s
What did you see, hear and/or do:
Offender The came into medical @ 3:16p
the companies by G. M. Hause and Clark Real Durane
in any the back. UM
the came into modical 1/2 116
ambulatory and un cooperative going into Exam Too #2
Time hand cufts were placed in the front 1/M usu of ust
show medical to act vitals on him. I'M was triging to fight
with the officers in exam room rushing at them as they
were standing against the opposite wall of offendertrying to bit
one of the officers. Officers reported that I/M had admitted
to smoking meth prior to coming into medical. At 3:32 p 1/M
was escorted out of medical to cypress still fighting a uncooperate
At 3:45 pm man down was called and when To it
At. 3:45 pm man down was called and when I arrived in Cypress, EPR along with AED were in progress. Note all injuries received (If none, then state so):
N/A
Were you screened by medical? Yes 🗆 No 🔼
(1), ()
Signature: Poncepyo Date Original Statement Written: 8-10-16 5:15P
Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC. INCIDENT STATEMENT

Date of Incident: D-10-1C Time of Incident: 3:16 p
Name: Rande Price Employee: Offender: DOC: #: 339241
Check Once Chillian Ellin and Annual Check Once Check Onc
Participant: Country:
What did you see, hear and/or do:
Myself and Y. Duncan votated doing breaths with the
strong bag. I lyselt along with other officers rotated
performing Chest compressions. CPR & AED was confinued
until ambulance arrived and loaded on the stretcher.
Note all injuries received (If none, then state so):
Were you screened by medical? Yes U No X Signature:
Date Original Statement Written: 8-10-16 5:15f
Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC.

INCIDENT STATEMENT

Date of Incident 8/10/16 Time of Incident 3.10
Name: Mande Oren R. Employeer Offender: DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
- Table 1
What did you see, hear and/or do:
I Durca kno was working uppe
Informany on 8/10/110 @ approximately 3/2 when
Inspiced Is m Hands and Clo C-Brothus
enter c The
I'm was confused, deaphretic and very
uncooperative c stable. He was asked multiple
times for his name but all he would do was
garble and make muses. He was very combone
and wild and a comple of times he would
aturand Charce to the winder the attempt
to but one of the officers. He was so
outif controlling o was unable to
do a lacono de a a a a a a a a a a a a a a a a a a
Note all injuries received (If none, then state so):
none
Were you screened by medical? Yes 🗆 No 🔀
Signature: Men 12 5/2
Date Original Statement Written: 810114
Date Typed Statement Received and Signed:

WINN CORRECTIONAL CENTER, LLC. INCIDENT STATEMENT

Date of Incident 8 10 16 Time of Incident 318
Name: De Comployee: X. Offender: DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
. 1
What del you see, hear and/or do:
(cont) mandown was calood capproximately 3/2. When
Farmed to Cypress unit. Several offices were
sperforming CPR and chest compressions
were being done and ARD implace. CPR was
Continued & AED advoing I shock to be
administered which was dune as adviced 11m
remained un responsive and CPR was
continued unto the ambulance arrived
and the inmoste was taken out perstretcher
by Advanced Amburance services.
•
Note all injuries received (If none, then state so):
none
•
Were you screened by medical? Yes 🗆 No
March 12)
Signature: Stranger Written & 10/11/2 @ 5/15
Date Original Gratefiletti Withell.
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

	M. Wall Trans							
	FORM COMPLETED BY:							
Name			Title					
Name			Title					
Official Address		,	Telephone					
City			FAX					
State	Zip	E-mail						

Instructions for Completion

If no deaths occurred in 2016:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

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 bisdcrp@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 Paul FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 1 7 1 9 9 2 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 2 6 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Forcible Rape b.
3.	What was the name and location of the correctional facility involved? Facility Name: Winn Correctional Center Facility City: Facility State:	c. d. e.
	Facility City: Facility State: Winnfield LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 1 3 1 9 4 8 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female	 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
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	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:
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:	

	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 ☐ ☐ In the inmate's cell/room
	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
	In a special medical unit/infirmary
	SPECIFY] Un 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.	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									
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)				
17.	Was t	he cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea	dical cond	lition or	did the inmate	develop the condition re pre-existing, mark				
		existing medical condition.")								
	-	NOT APPLICABLE—Cause of death was accidenta	al injury, int	toxicatio	n, suicide, or hor	micide				
		Pre-existing medical condition Deceased developed condition after admission Could not be determined								
						4.0				
Plea	se ado	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	NUMBER	DORM OR CELLBLOCK	DATE				
THE REPORT OF THE PARTY OF THE		Birch A1	DATE OF INCIDENT 12-26-2016		TIME OF INCIDENT		
LOCATION OF INCIDENT WITNESSES							
Birch A1		Lt. Ward					
	TYPE OF IN	CIDENT - CHECK APPROPE	RIATE E	BOXES			
Category A Incidents:		gory B Incidents:		Category C Inc			
Death by other than natura		Escapee Apprehended		☐ Agg. Sex Offense			
Causes	" שו	Death Due to Natural Causes Expected		(Offender/Staff)* Agg. Sex Offense			
☐ Accident	1	☑ Unexpected		(Offender/Offender)*			
Violence		Sunshot - Shoot to disable (C	lass I)	Staff/Civilian	Sexual Misconduct*		
Suicide Suspicious	0 /	Assault with significant injury		Gunshot - W	/arning Shot (Class II)		
☐ Unknown	4	☐ Offender on Staff ☐ Offender on Offender			efense - No Human or Death		
☐ Unnatural	1	With Weapon		Assault With	No Significant Injury		
Execution	1	Without Weapon		☐ Offend	der on Staff		
Assault resulting in life thre Injury	atening	Attempted Suicide with			der on Offender		
Offender on Staff	1	Significant Injury Self Mutilation with			Veapon ut Weapon		
Offender on Offende	r	Significant Injury		Throw	ring of Substances		
☐ With Weapon		lunger Strike - Individual		Use of Force)		
Without Weapon	ᇩᆔ	lunger Strike - Organized		☐ Immed			
☐ Staff Injured in Line (☐ Other	produty TT (Jse of Force w/Significant Inju	iry	Plann			
Significant Property	1	of Offenders	mber	Chemi	ical Agents on Single		
Damage		Significant Water/Power Outag	ge		f Taser®		
Hostage Situation		roperty Damage - Limited			ntry Team (Elec.		
Major Work Stoppag Offenders		Evacuation - Limited Other – Employee Arrest	Shield)			
Employee Work Stor		Other - Determined by Unit He	ead	Restra	ethal Weapons Ints Used (Restraint		
Riot			Chair,	4 Point, etc.)			
Natural Disaster			Staff o	on Offender			
Tact Team / Outside Assistance				Individual Hu	inger Strike		
Lockdown of all or pa	art of						
facility							
☐ Hunger Strike of Enti							
Facility or Multiple U				* Conv. to Invest	instione		
Other - Determined to				* Copy to Investigations			
Unit Head							
		a			// y.		
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) the second 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)							
lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered							
(O) Ward called for the stretcher and notified Cpt. M. Hayes. Cpt. Hayes arrived and notified control to call the							
Ward called for the stretche	er and notified	i Cpt. M. Hayes. Cpt. Hay	es arri	ived and notified	f control to call the		
ambulance (6:09pm) and Wa							
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 nost at 6:24mm. One are compound at 6:28pm. Advance medical and Warden Deville arrived at the
command post at 6:31pm. CPR continued on (O) Advance medical and Warden Deville arrived at the spoke with Winn Parish Hospital Dr. Sampler, who proncursed (O)
spoke with Winn Parish Hospital Dr. Sampler, who pronounced (0) deceased at 6:40pm. Warden Deville notified LDOC Duty Officer at 6:55pm. Werden Deville context of the Cont
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 Niels Comments 7:35 pm.
Woodard was notified at 7:35 pm. Winn Parish Coroner Nick Carpenter 7:39pm arrived and took possession of
forward to the wardens office.

REPORTING OFFICER

12-26-DATE COMPLETED

TIME COMPLETED

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

INSTITUTION: WNC

NAME	NUMBER	DORM OR CE Birch A1	LLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT			
LOCATION OF INCIDENT WITNESSES								
Birch A1 tier Lt. Ward TYPE OF INCIDENT - CHECK APPROPRIATE POYES								
TYPE OF INCIDENT - CHECK APPROPRIATE BOXES Accidents Employee Accident Offender Accident Vehicle Accident Vehicle Accident Inside Facility Outside Facility Turg Screen Maintenance TYPE OF INCIDENT - CHECK APPROPRIATE BOXES Medical Mental Health Protection Request Security Inspections Routine Target Target Use of Tact Team and Chase Team as outside assistance								
Other: Death-Natural	Causes							
DESCRIP	TION OF INCIDEN	NT (ATTACH-ÁI	DDITIONAL I	NFORMATION IF NEED	ED)			
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) was unresponsive on A1 tier. C/O Swafford called a man down in Birch Unit on A1 tier via radio. Lt. Reggle Ward responded to A1 tier and observed (O) lying on his right side on his bed unresponsive. Lt. Ward conducted a visual and physical check and discovered (O) had no pulse. Lt. Ward immediately placed (O) 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) 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) Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) 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 Funeral Home for autopsy. All further information will be forward to the wardens office.								

REPORTING OFFICER

12-26-16 DATE COMPLETED

TIME COMPLETED

Date of Incident:	12-26-16	MEDITED DECEM	Time of Incident:		6:05pm	
			Emplo	yee O	ffender	DOC#
Cpt. M. Hayes			X			
Participant	Witness	Civilia	n		Other:	(Specify)
X	Manual Alexandria	Maria et al maria et al maria				
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) 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) Advance Medical Paramedic Nick Stoflet called and spoke with Winn Parish Hospital Dr. Sampler, who pronounced (O) 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.						
Note all injuries recei	ved. (If none t	hen state so	A SHOW SHOW			
and the state of t	TO THE PARTY OF TH	area state su				
Were you screened by		s or No	(Circle	Annual property of the Parket of	1910015416	
Print Name:	Cpt. M. Hayes			Date:	12-26-	2016
Signature:	May	XX4		Date:	12-	26-16
Offender refused to make a statement.						
Employee Witness:				Date:		A CONTRACTOR OF THE CONTRACTOR
Employee Witness:				Date:		

Winn Correctional Center, LLC. Incident Statement

Date of Incident:	12-26-16		Time of Incident:			6:05pm	
			Empl	oyee	Offer	nder	DOC#
Lt. R. Ward			X				
Participant	Witness	Civilia	n		O	ther:	(Specify)
X							
On December 26, 2016	at 6:05pm Corr	actional Offic	or K S	waffor	rd (Rite	h Kar	Officer) was
On December 26, 2016 informed by C/O T. Elm unresponsive on A1 tie Reggie Ward responde unresponsive. Lt. Ward had no pulse. Lt. Ward Lt. Ward called for the control to call the ambi continued CPR and (O) utilized the AED machi continued CPR. Advararrived on the compou command post at 6:31; Stoflet called and spok deceased at 6:40pm. V contacted the family m Parish Coroner Nick Catransported (O) to the V forward to the warden's	nore (Birch Floorer. C/O Swafford to A1 tier and d conducted a vill immediately playstretcher and noulance (6:09pm) was ne (6:15pm) and at 6:28pm. A pm. CPR continue with Winn Par Varden Deville nember at 6:55pm arpenter 7:39pm Vinn Parish Fun	r Officer) that I called a man observed (O isual and physical (O) officed Cpt. Mand Warden transported (Cpt. Hayes (Cpt. Hospital otified LDOC) officed LDOC (Chaplain Varrived and	t (O) n down ysical c . Hayes Deville to the c Cpt. Ho mpoun ical and Dr. San G Duty C Voodard took po	in Bir ly heck a on his . Cpt. (6:13) comma ward, d at 6: I Ward pler, officer d was ossess	ch Univing on and dis back a Hayes pm) via and Cp: 26pm. Ien Devance who protifiesion of	t on A his riscover and be a arrive telepst via soft. Howeville arrive telepst via soft Medic conour 5pm. State both the	was 1 fier via radio. Lt. ght side on his bed red (O) gan CPR (6:08pm). ed and notified hone. Lt. Ward stretcher. Lt. Ward dges assisted and den Keith Deville rrived at the al Paramedic Nick nced (O) Warden Deville 35 pm. Winn ody and
Note all injuries recei	ived: (If none, t	hen state so)	*			
Were you screened b		s or No	(Circl	Participation of the	-		
Print Name:	R. Ward			Da		2-26-	2016
Signature:	4-2			Da	ite:	12-	26-16
Offender	efused to make	a statemen	t.			制器	
Employee Witness:			STREET, SAN OF	Da	ite:		
Employee Witness:				Da	ite:		

Date of Incident: 12/26/2016 Time of Incident: Approx. 6:40 pm
Name: Offender: DOC: #: 596198
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
I musted him earlier today pertaining to him getting in bed.
Later, after & 3rd chow, I James Hexander, and Bothers began
to check his pulse because he was not moving out as the position
he was in. After I notified the gourd we were
dold to go and grab the streether ASAP! we nathed
down the welk good the streether from the influence and
then brought the accessed innere to the command part,
where we were ordered to go back to our telepwhere
we fold to fell out this incident Statement.
we told on the object of the includent statement.
Note all injuries received (If none, then state so):
Were you screened by medical? Yes Z No D
Signature: Yould alkali
Date Original Statement Written: 12/26/2016
Date Typed Statement Received and Signed:

Date of Incident: 12/26/16 Time of Incident: 6:16
Name: C/O w. Benavidez Employee: Offender: DOC: #:
Check One: Civilian: ☐ Witness: ☐ Participant: ☐ Other (Specify):
What did you see, hear and/or do: # On the approximate date and time, I, Uo
Benavidez was doing rounds in Birch unit and
a offender had told me and clo Elmore that a
man was down in Al. I then opened Al to see
What had happen the Offender was laying Still
on has bed and did not respond to verbal
contact. We then checked to sec If the offender was
breathing and he was not when we confirmed the
Offender had no pulse, me and 3 offenders rusked to
get a strecker when supervisor ordered It we got
the Stietches from medical and put the offender on It
and the supervising officers took over.
Note all injuries received (If none, then state so):
NO Enjuries sustained
Were you screened by medical? Yes D No E
Date Original Statement Written: 12/16
Date Typed Statement Received and Signed:

Fincident: 12-26-16 Time of Incident: 6:10PM across.
Go T. Elmore Bmployee: V Offender: DOC: #:
One: Civilian: Witness: Participant: Other (Specify):
lid you see, hear and/or do:
On 12-26-16 of approximately 6:10PM, I C/O T. Floore
was working Birch unit floor when an offender alerted muself
and C/O Benander to A tier calling Man down!". We entered the
tier to find a group of around bed A1-42 where Offender
was laying inhis bunk on his right side. Upon inspection of
Offender pulse (at radial, none found) and touch of his
Bold skin, we had our key officer, C/O, K. Synfford contact higher
rank IT Ward arrived shortly afterwards and checked for a pulse
of the ofender's cathoid area then began performing CPR affernating
with Offender until the stretcher arrived like placed
Offender on the shortcher after allempts to revive him were
wsusceseful.
l injuries received (If none, ther. state so):
None.
ou screened by medical? Yes 🗆 No 😥
ire: 90 / Clanere
riginal Statement Written: 12-26-6
rped Statement Received and Signed:

Date of Incident: 12-76-16 Time of Incident: 6.05pm Name: Clo K. Swafford Employee: Voffender: DOC: #: Check One: Civilian: D Witness: Participant: D Other (Specify): What did you see, hear and/or do: On 12-76-16 at approx 605pm. I clo Swafford was working Birch key when an offender off A1 ther approached birch key and told me there was a man down on A1
Check One: Civilian: Witness: Participant: Other (Specify): What did you see, hear and/or do: On 12-76-16 at approx 605 pm. I Clo Swafford was working Birch key when an offender off A1 then converse
On 12-26-16 at approx 605pm. I Clo Swafferd was working Birch Key when an offender off Al Han among
working Dirch Fey when an offender off Al Hon owner.
working Dirch Fey when an offender off Al Hon owner.
Arab Keel and Add on a 11
which Fry and told me there was a man driver an A1
tier. [W Swetterd then told Go Elmare] C/A Row 1
to go check out the oftender on Al trer Cho Elmare
come back and told me the man down was it
I CO Swafferd called over the bade
Mandown Birchant Altier Lt. Ward enters unit at 6:07
to respond to the mandown Capt Kayles enters unit at 6:00
Li Ward exit unit with a) on stretcher
at. 6:14.
lote all injuries received (If none, ther state so):
None
gnature: Us K. Swofford
ate Original Statement Written: 12/26/16
ate Typed Statement Received and Signed:

Winn Correctional Center, LLC. Incident Statement

Date of Incident:	12/26/2016		Time of In	cident:	6:10pm
	Name		Employee	Offender	DOC#
Captain L. Howard			X		
Participant	Witness	Civilia	n	Other	(Specify)
X				A. Q	
What did you see, h	ear and/or do:				
On 12/26/2016 @ ap	proximately 6:10	Opm, I Captai	n L. Howard	l observed I	t. R. Ward
escorting (O)	and the same	towards the c	ommand no	at an in intent	ala an andail a
performing CPR. I C	aptain L. Howar	d assisted Lt.	Ward with (CPR until th	e Ambulance
arrived.					
anved.					
r					
			1	Щ.	
					_*
English State			CS OF CHIEF	in Control	
ione					
	200 (25 - 25)	Marie Control of the		entroper reger	
Vere you screened I Print Name:	Captain L. He		(Circle On		12016
	Captain 1. He	oward		(SERVE)	/2016
Signature: (aplan 1	Howe	7	ite: 12/26	/2016
Offender	refused to make	e a statement			
Employee Witness:	Section 107 (No. 470), LLC		Da	ıte:	
Employee Witness:			Da	ite:	

	<i>6</i> :15
Date of Incident: 12-26-16	Time of Incident:
Name: Jacob Griffith	Employee: Offender: X DOC: #: 5/33/0
Check One: Civilian: ☐ Witness: ☐	Participant: Other (Specify):
What did you see, hear and/or do:	
Around the above time, I was	informed by another innove to check on Mr.
occause it looked like he consof he	rathing. I worked over to Mr. bed. +42.
and proceeded to call his name as	he looked like he was sleeping. When Mr.
didn't respond, I checked his pu	lse on his right wrist and noticed that he didn't
have one. I called another inv	rate, Kenneth Anderson #499085, to some check
and make som I vannt seeing :	things. After being confirmed by I/m Anderson that
he logant 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
inmake to call for the clo, M	an Down, and to call for his caregiver. The c/o
come in and I told him that	Mr. was unresponsive and I was not able
to find a police Lt. Ward cam	e in and informed me and a couple immiles to go
get the stretcher from medical.	I left the unit and went to medical along with
3 other inmates and Clo Benow	idez to retrieve the stretcher. When we returned to
Note all injuries received (If none, then state so	
NA	
Were you screened by medical? Yes D No	A
Signature: Mol Pirket	
Date Original Statement Written: 12-26-1	0
Date Typed Statement Received and Signed:	

Date of Incident: 12-26-16 Time of Incident: 6,45 pm
Name: Douald Rickette Employee: Offender: DOC: #: 4/6572
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
On the Above date to Donaise Pickett come out of the T.U. Reven and nothers source It.
Phothet his pulse. Name was so Found. After cally for Man Sown, I and I ofter I man his
De grand many to other bunk to get room, Capt and Capt Ayous Sange other Ayo
Startey CP2 they pretired if until the shocker was Arrived.
Cho E/more mi I packed Ma. properly mi I are excepted to the key
buth his property And droppes it off, the votured loss to my tien
Note all injuries received (If none, then state so):
TAMO DIGE
Were you screened by medical? Yes D No El Signature:
Date Original Statement Written: 411572 12-26-16
Date Typed Statement Received and Signed:

Date of Incident: 1016 Time of Incident: 10:15 a man
Name: Eugene Smith Employee: Offender: V DOC: #: 567153
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do: Om Secember 26, 2016 at or around 6:15 p.m. A went to check on when I saw Jacob Striffeth #503310 checking this pulse or rather, looking for one of proceeded, with utmost haste, to get. Murphy amor We three attempted to find a pulse on the parious pressure points and finding more, motified staff that we had a possible deceased inmote It. These attempted CPR to mo avail until the stretcher arrived.
Note all injuries received (If none, then state so):
Were you screened by medical? Yes \(\sigma\) No \(\foatigma\) Signature: \(\int\) \(\frac{\partial}{\partial}\) \(\parti
Date Original Statement Written:
Date Typed Statement Received and Signed:

Date of Incident: 12-26-16 Time of Incident: 6:10pm on 6:15 pts
Name: TREDERICK URA-15 Employee: Offender: X DOC: #: 103950
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
- I was talking to Another inmote when some
Spid "VEAL" This oldman is dEAD. I RAN OVER
to his test to look at him. I looked At his
EYES Which WERS NO MOVEMENT. C'S shocked his
PULSE And I didn't feel nothing. His bodie
MAS cold And his timagers was dark colored
I KAN to the door And colled man down.
When officer open to come on A-1 to chack
out the I ear off of A-1 to the
KEY to make sure the key officer call rank, which she
gide a left out the unit and met I tilbanh be onne!
And check Mr. They so And get startchen, I can
to the Comadost to net the Bloodpressure cup, came back to
Note all injuries received (if none, then state so) cup on him. The only thing wear wearlong
Hote all injuries received (It none then steer so): pressure cup, nothing relate. We put him on the steel has been and took him to the comadepart.
- THE COMMONEPASY.
Were you screened by medical? Yes □ No □
Signature:
Date Original Statement Written:
Date Typed Statement Received and Signed:

Date of Incident: 12/210/10 Time of Incident: ACP 200
AULED 11 1 0
Employee: Offender: DOC: #: DOC: #: DOC
Check One: Civilian: Witness: Participant: Other (Specify):
What did you soo been and to do
What did you see, hear and/or do: On the Abure Date of time I 107 KAVIER Shin- EWS \$1557562
MI 311 = 11 - 00 1 AVIER WANTER STATE
Honey with 5 other offenders noticed
that (0) Was UnRESponsive, Cold & no linger
GIVING OFF A PLIBE. WE than CALLED FOR the STAAP
After Some fine the Staff Also noticed that (0)
WAS without A PLUSE AFTER RETTING PERNISSION
I MYSELF Along with the SothER OFFENDERS RAN
into the infarmary to BET the Strencher WE Pan
BACK PLACE (O) WATO THE STRENCHER AND
O I LUT CTILL
Pan him into the command Post were at that
TIME (D) WAS STILL UN RESPONSIVE.
Note all injuries received (If none, then state so):
Were you cornered by medically Was Cl. N. Cl.
Were you screened by medical? Yes □ No □
Signature:
Date Original Statement Written:
Date Typed Statement Received and Signed:

Date of Incident: 10 December 1016 Time of Incident: 0.15 0.00
Name: Duffer 1016 Time of Incident: 6.15 p.m. Employee: Offender: DOC: #: 587823
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
Between 9:00 - 1 10:00
Between 9:00 am and 10:00 am. I, Murphy Amas # 587823, took
of my being able to Medical between 9:00 and 10:00 count He was complain
and away a breather and away a breathing treatment and sent had
20 complaining of LOD D.M. He was still complaining of
Distanting issues so we returned to the intermory and Nurse Distant
gave nim another Dreathing 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
Thomach. We checked on him about 5.30 or 5:45 which was keeping in the
thirty minute watch schedule One of the invalor
thirty minute watch schidule. One of the inmotes 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 pm. 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:

Date of Incident: December 26,2016 Time of Incident: 5:30pm/6:15pm
Name: henneth anderson Employee: Offender: DOC: #: 499085
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
(a) contrary on transfer about an transfer and
times and pent back tothe unit and free like
rolling was wrong. Deveral of the offered ex
and the de land the cold the me and an all
5.30 0 5.40 pm the allender un A out by a the
are there to help bu owing CPR due to de
forces the officeers repused to conduct CRR
Therework the oppenders now to the infurmary
and retribued the stretcher in which by
The time we got back to Buch -Al
LOGO DOA.
N
Note all injuries received (If none, then state so):
Were you screened by medical? Yes D No
Signature Underson 4990805
Date Original Statement Written: DlClmbu 20, 2016
Date Typed Statement Received and Signed:

Date of Incident: 12-26-16 Time of Incident: About 7pm
Name: Fredrick Brunfield Employee: Offender: V DOC: #: 714392
Check One: Civilian: ☐ Witness: ☐ Participant: ☐ Other (Specify):
What did you see, hear and/or do:
Tim val bed 7 I looked At the gay it didn't look
like he was breathing so I risked bed 8 to go
Chack him And he sand he couldn't tell and he
didn't want to worke home to shoot 5-6 mars pass he
- COW boy CAME ASK me for A hover bow or An three sweet
- I gave it to hom And Asked him to check And see if
the man was breathoug so he down and that he
called some one also to check him they I got us and
Ask of he was still worm cowbay said NO he cold
A GO WAS At the garte he came want was held
the man was not responding I walked muny after
that then rappic came in to check the guy then
A few rumples and co next to medical toget the stretcher while they were trying to perform CPA Note all injuries received (If none, then state so):
Note all injuries received (If none, then state so):
Were you screened by medical? Yes D No D
Signature: Audich Bunft
Date Original Statement Written: 2-26-16
Date Typed Statement Received and Signed:

U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2016** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: (Addendum) **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone **Address** FAX City State Zip E-mail

Instructions for Completion

If no deaths occurred in 2016:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- · Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

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 bisdcrp@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 Johnny LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? O 9 1 1 1 2 0 0 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 2 1 0 2 0 1 6 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Forcible Rape b.
3.	What was the name and location of the correctional facility involved? Facility Name: Winn Correctional Center Facility City: Facility State: LA	3 · · · · · · · · · · · · · · · · · · ·	c. d. e.
-	LA LA		Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 3 0 3 1 9 7 9 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know
		11.	Where did the inmate die?
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		 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
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:		

re t	$_{ m he\ res}$ ults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or $_{ m w\ of}$ 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]
[PLEASE SPECIFY	
1 .	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. Exclu	Iding emergency care provided at the time of death, did the inmate receive any of the following medical
servi	ces 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
	d. Treatment/care other than medications
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark 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 ad	d any additional notes regarding this death here:
ţ.	

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

INSTITUTION: Winn Correctional Center

NAME NUMBER		DORM OR CELLBLOCK Cypress A2	DATE 02-10-	OF INCIDENT	TIME OF INCIDENT 0424 hours
LOCATION OF INCIDENT Cypress A2		WITNESSES Off, D Thomas/Lt D Caskey/Off, D. Nash/	Alsup Major	/RN T Haley/Off G. Coleman/Off	ff. J. Moses/Off, C. . C. Grizzle/ LPN B
TYPE	OF INC	Franks/ LPN N Kemp/ IDENT - CHECK APPROPI	RIATE I	BOXES	ollingsworth
Escape Death by other than natural causes Accident Violence Suicide Suspicious Unknown Unnatural Execution Assault resulting in life threatening Injury Offender on Staff Offender on Offender With Weapon Without Weapon Staff Injured In Line of Duty Other Significant Property Damage Hostage Situation Major Work Stoppage of Offenders Employee Work Stoppage Riot Natural Disaster Tact Team / Outside Assistance Lockdown of all or part of facility Hunger Strike of Entire Facility or Multiple Units Large Scale Evacuation Other - Determined by Unit Head		scapee Apprehended eath Due to Natural Causes Expected Unexpected Unexpected unshot - Shoot to disable (Cossault with significant injury Offender on Staff Offender on Offender With Weapon Without Weapon Attempted Suicide with Significant Injury Self Mutilation with Significant Injury unger Strike - Individual unger Strike - Organized se of Force w/Significant Injury of Offenders ignificant Water/Power Outstroperty Damage - Limited vacuation - Limited ther - Employee Arrest ther - Determined by Unit H	jury lumber age	Gunshot - W Self I Injury Assault With Offen Offen With V Without Throw Use of Forc Imme Plann Cherr Offen Use of Cell E Shield Less Restr Chair Staff Individual H	ffense taff)* ffense ffender)* n Sexual Misconduct* Varning Shot (Class II) Defense - No Human or Death n No Significant Injury der on Staff der on Offender Weapon out Weapon ving of Substances e diate led lical Agents on Single der of Taser® Entry Team (Elec. d) Lethal Weapons aints Used (Restraint of 4 Point, etc.) on Offender lunger Strike
DESCRIPTION OF IN	וכוטבו	IT (ATTACH ADDITIONAL	INFOR	MAHOWILINEE	C-Chamber Constitution

Major Gary Coleman

DATE COMPLETED

TIME COMPLETED

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

INSTITUTION: Winn Corrrectional Center

Cypress A2 Q2-10-16 Q4:24 am	AME NUMBER DORM OR CELLBLOCK DATE OF INCIDENT TIME OF INCIDENT				TIME OF INCIDENT		
Accidents	(Samula varianu)	7.7			02-10-16		
Accidents Employee Accident Medical Mental Health Protection Request Security Inspections Shakedowns Routine Staff Visitor Offender Accident Staff Visitor Offender Offender Staff Visitor Offender	7111,1200						
Accidents Employee Accident Mental Health Protection Request Security Inspections Shakedowns Sh	Too attabiled NO!						
Employee Accident		TYPE OF INCIDENT - CHECK APPROPRIATE BOXES					
DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED) On 02-10-16 at approximately 04:24 am, Officer Darrell Thomas was conducted a security check on Cypress A2 tier when he observed offender in cell # 10 with what appeared to be a white sheet tied around his neck and tied to the upper cell door bars. Officer Thomas immediately called for assistance and instructed Captain Mary Hayes to retrieve the suicide knife from the key control. Officer Charles Caskey was standing at the entrance of A2 tier and responded and came to assist officer Thomas. Officer Thomas observed that cell door could not be opened due to the sheet tied to the cell door. Upon receiving the suicide knife from Captain Hayes, officer Thomas attempted to cut the sheet but was unsuccesful. At that time, officer Thomas awoke offender James Keene # 290714 who was also in the cell but was alseep. Officer Thomas instructed offender Keene to assist Officer Caskey in lifting offender 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 upper torso area, and with the assistance of offender Keene, lifted offender upwards allowing officer Thomas to untie the sheet from the cell door. Officer Caskey and officer Thomas then lowered offender 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 was unresponsive and could not locate a pulse. At that time, Lt Alsup and Officer Thomas began performing CPR on offender offender on a stretcher with the assistance of two infirmary orderlies. RN Haley instructed Major Coleman to have central control immediately notify Advanced Medical ambulance services to be dispatched to the facility. Central control was notified. Major Coleman then accompanied RN Haley with offender to the infirmary where CPR was continued by RN Haley, LPN B. Franks, LPN N. Kemp, Lt Alsup, officer	☐ Employee Accidert ☐ Offender Accident ☐ Vehicle Accident ☐ Contraband ☐ Inside Facility ☐ Outside Facility ☐ Drug Screen		Mental H Protection Security Shakedo Ro Ta	on Request Inspections owns outine Staff Visitor orget Staff Visitor act Team and Chase Tea	☐ Offender		
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 in cell # 10 with what appeared to be a white sheet tied around his neck and tied to the upper cell door bars. Officer Thomas immediately called for assistance and instructed Captain Mary Hayes to retrieve the suicide knife from the key control. Officer Charles Caskey was standing at the entrance of A2 tier and responded and came to assist officer Thomas. Officer Thomas observed that cell door could not be opened due to the sheet tied to the cell door. Upon receiving the suicide knife from Captain Hayes, officer Thomas attempted to cut the sheet but was unsuccesful. At that time, officer Thomas awoke offender James Keene # 290714 who was also in the cell but was alseep. Officer Thomas instructed offender Keene to assist Officer Caskey in lifting offender 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 upper torso area, and with the assistance of offender Keene, lifted offender upwards allowing officer Thomas to untie the sheet from the cell door. Officer Caskey and officer Thomas then lowered offender 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 was unresponsive and could not locate a pulse. At that time, Lt Alsup and Officer Thomas began performing CPR on offender 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 on a stretcher with the assistance of two infirmary orderlies. RN Haley instructed Major Coleman to have central control was notified. Major Coleman then accompanied RN Haley with offender to the infirmary where CPR was continued by RN Haley, LPN B. Franks,	Other:						
Deputy Warden Tigner at 4:30 am . Advanced Medical arrived at the facility at 4:46 am . EMT nersonnel resumed	On 02-10-16 at approximatier when he observed offer around his neck and tied instructed Captain Mary Histanding at the entrance of that cell door could not be Captain Hayes, officer The awoke offender James Ke offender Keene to assist Officer Caskey place upper torso area, and with Thomas to untie the sheet the floor. Officer Thomas door. Lt Alsup then came and could not locate a purpose of the could not locate	tely 04:24 am, Cender conder c	officer Darrell ell door bars. It the suicide keep the suicide keep the sheet tied to cut the sheet tied to cut the sheet tied and right arm of officer Cast. D. Alsup were to the sheet the stance of two Advanced Medical end then account the stance of two Advanced Medical end the suicide end the suici	In cell # 10 officer Thoranife from the ame to assist to the cell deet but was in the cell between the cell the cell and officer Tille Lt Alsup be scene. Result infirmary or dical ambular mpanied RN LPN N. Kem I was notified	conducted a security of with what appeared to mas immediately called a key control. Officer tofficer Thomas. Officer tofficer Thomas. Officer to tofficer Thomas. Officer to the cell door bars around offender to the cell door bars around offender to the cell door bars around toffender to the cell door bars around the	check on Cypress A2 be a white sheet tied d for assistance and Charles Caskey was er Thomas observed he suicide knife from time, officer Thomas r Thomas instructed hatie the sheet. At that had offender hards allowing officer ed offender hards allowing officer had offender has unresponsive ing CPR on offender has unresponsive has unresponsive ing CPR on offender has unresponsive has	

6:20 am, Winn Parish Coroner Matt Miller took possession of offender Warden K. Deville was notified DOC duty officer M. Strickland was notified at 5:20 am. Offender 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 Immediate family for the body to be turned over to Heavenly Gates Funeral Home in Shreveport, LA. Offender was officially removed from the DOC and the facilities count at approximately 9:00 am.	

Maror Gary Columna REPORTING OFFICER

2-10-16 DATE COMPLETED

TIME COMPLETED

Winn Correctional Center, LLC. Incident Statement

Date of Incident:	02-10-16	Time of Incid	ent: 0424 hours
The second secon	Vame	Employee (Offender DOC#
Darrell Thomas		X	
Participant	Witness Civilia	in a self a self as	Other: (Specify)
X			No. 1
What did you see, he	ar and/or do:		
On 02-10-16 at appro	oximately 0424 hours, I of	ficer Darrell Th	omas was conducting a
security check on Cy	press A2 tier. When I app	roached cell m	mber 10, I observed
offender Manual Manual		n the cell door	with what appeared to be a
man down and instru	nd his neck and tied to the	upper cell doo	r. I immediately called a
control Officer Casi	ucted Captain M. Hayes to	ficer Thomas	bserved that the cell door
could not be opened	due to the sheet tied to the	cell door. Uno	n receiving the cricide
knife, I attempted to	cut the sheet but was unsu	ccessful. At th	at time. I swoke offender
James Keene # 29071	4 who was also in the cell	but was asleen.	I instructed him to assist
officer Caskey to lift	offender upward v	vhere I was abl	e to untie the sheet from
the cell door. Officer	r Caskey and myself lower	ed offender 📆	to the floor. I then
instructed LT Alsup	to open the cell door. I the	en immediately	entered the cell and
removed the sheet fre	om around offender	neck. Lt. A	Isup then arrived on the
	was observed by Lt Alsup		
CPR on offender	I officer Thomas beg	an cheef comp	t Alsup and myself began
began rescue breathi	ng. I officer Thomas and	Lt Alsun conti	nued CPR until RN T Haley
			on a stretcher. RN
	the unit with offender		
			-
		90	
Note all injuries rece	ived: (If none, then state s	0)	
The second secon	y medical? Yes or No	The state of the s	
Print Name:	Darrell Thomas	Date	02-10-16
Signature:	Dan & Thomas	Date	02-10-16
Offender	efused to make a statemen	iL.	
Employee Witness:		Date	h in the second
Employee Witness:		Date	
			To sell the second section of the se

Date of Incident: 0434 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 affroximately ouzy hours, I officer Darrell
Thomas was conducting a security check on express A2 tiers
When I approached Cell number 10, I observed offender
hanging from the cell door with what appeared
to be a white sheet fiel around his neck and fiel to the
uffor call door I immediately called a man down and
instructed captain M. Hayes to retrieve the Suicide Mnife
from the key control. Officer caskey came to assist men I officer
Thomas observed that the cell door could not be opened due
to the sheet fied to the cell door, upon receiving the suicide
Knife I attempted to cut the sheet but was unsuccessful.
At that time, I auphe offender James Keene # 290714 who
was also in the cell but was asleep.
Note all injuries received (If none, then state so):
Ne instinces
Were you screened by medical? Yes D No E
Signature: Ohul Thomas
Date Original Statement Written:
Date Typed Statement Received and Signed:

Date of incident: Time of Incident:
Name: Darre 11 Thomas Employee: _ Offender DOC: #:
Check One: Civilian: □ Witness: □ Participant: □ Other (Specify):
What did you see, hear and/or do:
I instructed him to assist officer caskey to lift offender
ulward where I was able to untre the Sheet
from the cell door officer caskey and myself lowered
Offender 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
nech. LT. Alsup then arrived on the Scene to assist me.
It was observed by Lt Alsop and My self that offender
was unresponsive and a pulse could not be found
locatede At that time, Lt Alsop and myself began CPR
on offender I officer Thomas began chest compressions
white L+ Alsur began rescue breathing, I officer Thomas
and L+ Alsof continued CPR until RIV T Haley
Note all injuries received (If none, then state so):
No indusies
Were you screened by medical? Yes D No B-
Signature: Dault Thomas
Date Original Statement Written:
Date Typed Statement Received and Signed:

Date of Incident: 2-10-16 Time of Incident:
Name: Darce 11 Thomas 5 Employee: Offender DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
,
arrived. AN T. Haley continued ap A while Placing
Offender on a stretcher, RN To Haley then
exited the unit with offender to the
infirmary
av ev
7M*
·
Note all injuries received (If none, then state so):
No injuries
The Interior
·
Were you screened by medical? Yes \(\Bar{\text{No}} \) No \(\Bar{\text{L}} \)
Signature: Can & Thomas
Date Original Statement Written:
Date Typed Statement Received and Signed:

Winn Correctional Center, LLC. Incident Statement

			State of the same	Battle Dr. March	MONAY TO THE	Name of the last o
Date of Incident:	02-10-16			Incluer	SE HESTON	0424 hours
Emanda Hollingswo	Name		Employ	vee Of	fender	DOC#
	1 (1)		А			
Participant	Witness	Givilia	no.		Other:	(Specify)
X						
What did you see, he	ear and/or do:					
On 02-10-16 at appr	oximately 0424	hours, I offi	cer Ema	inda Ho	lingswo	rth, while
assigned to Cypress 1	Key, overheard	officer D. T	homas c	all out fo	r a pos	sible suicide on
A2 tier. I immediate observed Major Cole	man and DN E	1. Haley and	i Major	Colema	n of the	situation. I
observed Major Cole	man and Nev E	raich cittet a	vitil a str to order	erener a Bos ovit	na two	orderlies. I then
Journal William	on the stre	tcher at 043	3 hours	iics cait	ine unn	with offender
	VII 3220 DEL	choi at 0.45	o mours.			,
Note all injuries rece	ived: (If none t	hen state sa		ET COLOR	OPEN CHES	
		ALC: O'CHE CO INC.		DISTRICT STREET	D. S. C.	
None						
, , ,						
Were you screened b	y medical? Ye	s or No	(Circle	One)		
Print Name:	Emanda Holli			Daire:	02-10-1	6
Signature:	Emandat		(NIWA)	Date:	02-10-1	6
	efused to make		MOST THE VALLEY			
Employee Witness:				Date:		
Employee Witness:				Date:		

Date of Incident 2-10-10 Time of Incident: 424A
Name: E. HOLLINGSWOYHU Employee: Offender DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
What ded you see, hear and/or do:
Un 7-10-16 at approx 424A I C/O Hollingsu
Over heard do Thomas call out for a possible
Suicide on Al her. I then immediately notified
Hurse Haley and Major Coleman. I do observe
Major collinais and Hurse Haloy enter with
a Stretcher and two orderlies. I cho also
observed when Murse Havij and the two
orderlies exit with (o)
and Major Coleman had exit
as well.
Nata all initial manifes of the state of the
Note all injuries received (If none, then state so):
Were you screened by medical? Yes \(\Delta \) No \(\Delta \)
Signature: L. tollingsworth
Date Original Statement Written:
Date Typed Statement Received and Signed:

Winn Correctional Center, LLC. Incident Statement

Date of Incident:	02-10-16	Plant Mark Day		fincider		0424 hours
	Name	Mary Walley		vee Of	ender	DOC#
Mary Hayes			X			
Participani	Witness	Civilia	n.		Other:	(Specify)
X What did you see, he	an and/ow de-	AND ENGINEERING	eleviale les ou	Vallet in the last	THE PLANTAGE	AUGITANIA BANKA MANAGARA
On 02-10-16 at appro	AND REAL PROPERTY AND ADDRESS OF THE PARTY O	hours, I Car	ntain Ma	arv Hav	e was i	nformed by
officer D. Thomas to	retrieve the su	icide knife f	or a man	ı down.	I retrie	ved the suicide
knife and responded	to A2 tier cell #	[‡] 10 where I	observe	d offend	er tom	my Wilesmill
a white sheet that wa	the bars on th	e inside of h	is assign	ed cell w	ith wh	at appeared to be
Thomas attempted to						
instructed officer Ca	skey and offend	der James K	eene # 2	90714, w	ho was	assigned to the
cell with offender	to wake u	p and assist	with lift	ing offer	nder 🗨	Offender
Keene complied. Of from the bars and lo	ncer Thomas an	nd officer C	askey wa	is then a	ble to r	emove the sheet
and had no pulse bas	sed on Lt Alsun	's observati	on. Lt A	dsup and	l office	Thomas then
began CPR until me	dical staff arriv	ed on the se	ene. RN	T Haley	contin	ued CPR on
offender afte		n a stretche	r. Offen	der 🌉	was	immediately
taken to the infirmar	у.					
, 3 '						
						= 5
				A PROPERTY OF	CHOSERADAN	The state of the s
Note all injuries rece		then state so)表现的思想			
1.11	NE					
Were you screened b		s or No	(Circle	The second second	00.70	
Print Name:	Mary Hayes			Date:	02-10-	The second second second second
Signature:	1 / May 4	+ Jan		Date:	02-10-	16
Offender i	refused to make	a statemen	t.			
Employee Witness:		The second secon	*************************************	Date:		
Employee Witness:				Date:		

Date of Incident: Jeb 10 2014 Time of Incident: 0424 has.
Name: Mary Hayes Employee: Offender. DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
in 12-10-16 at approximatty 0424 hours I Captai Mary Hayes was
informed by Officer D. Thomas to retrieve the suicide Krife for a man
during I retrieved the suicide Knike and responded to A2 tier cell
10 when y abserved offender the
bars on the Liside of his assigned real with what appeared to be a
White Sheet that was ted around his neck and a facked to the early
boxs. Officer Thomas attempted to cut the Sheet with the Sincide.
Krife but was unsuccessful. I instructed officer Caskey and offender
James Kunne # 290914 who was assigned to the All as 45 Offender
to wake up and assist with lifting offender the Offender
Keene Complied. Officer Thomas and Officer Paskey was then able
to remove the Sheet from the hours and Lower offender to
the Clours. Offender was unresponsive and had no pulse based
Note all injuries received (If none, then state so):
None
Were you screened by medical? Yes D No D
Signature: May Aday
Date Original Statement Written: Pels 10 20/6
Date Typed Statement Received and Signed:

Date of Incident: Pch 10 2016 Time of Incident: 0424 hrs
Name: My Nay 65 Employee: DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
on Lt. Alsups Observation Lt. Alsup and office Thomas
Then began CPR until muderal staff arrived on
the Scare, RNT. Haley continued & PR on offender
after placing him on a Strecker. Offertor
was impediately taken to the in Romany.
3
Note all injuries received (If none, then state so):
11000 att injuites received (in home, and scale so).
10000
A
Were you screened by medical? Yes \(\Delta \) No \(\Delta \)
Signature: May Hay
Date Original Statement Written: Ach 102016
Date Typed Statement Received and Signed:

Winn Correctional Center, LLC. Incident Statement

Date of incident:	02-10-16		Time of Incident:			0424 hours			
	Vame			oyee Of	fender	DOC#			
Daniel Alsup			X						
Participant	Witness	Civilia	n		Other:	(Specify)			
X			HOLES AND COLUMN	CONTROL OF MICHIGAN	La constant				
What did you see, he		1660年1665年	# 6 E E	经					
On 02-10-16 at appro	man down. I	nours, I Lt went to A2:	Alsup (bserved trol cell d	officer l	Thomas on A2 tier			
	in Cypress unit call a man down. I went to A2 fier control cell door panel box and heard officer Thomas advise that there was an offender hanging from cell 10 sliding door. I								
heard officer Thoma	s say do not op	en the cell d	oor du	e to the of	ffender	hanging from the			
sliding cell door. I ol	oserved Captai	n M. Hayes	retriev	e the suic	ide knif	e from the key			
and run it to officer opened the cell door									
offender	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which is the Owner, whi					icer Thomas was			
in the cell with the of									
a pulse. At this time,	officer Thoma	s began che	st comp	pressions	and I b	egan rescue			
breathing. Rn Haley									
rescue breathing. The infirmary while RN I									
the infirmary. Once									
and Grizzle rotated (
over life support.									
			Wild Street		No. of Concession, Name of Street, or other Persons, Name of Street, or ot	Seminare to House and Appendix			
Note all injuries rece	ived: (If none,	hen state so)。提出服用	SALE OF STREET					
None			,						
Were you screened b		s or No	(Circl	e One)					
Print Name:	Daniel Alsup	\sim		Date:	02-10-	16			
Signature:	the way			Date:	02-10-	16			
Offender	efused to make	a statemen							
Employee Witness:	semices (with a partial of			Date:					
Employee Witness:				Date:					

Date of Incident: 2-/0-/6	Time of Incident: 4:24 A.m.
Name: Devial Alsup .	Employee: Offender DOC: #:
Check One: Civilian: ☐ Witness: ☐	Participant: Other (Specify):
What did you see, hear and/or do:	e
On 2-10-16 aT AppRox. 4:5	24A.M. I LT. Alsup observed officer Thomas
Or A-2 Tier in Cypness uni	T Calla man down. I Went to A. 2 Tier control
Celt-door parel box and Hear	d officer Thomas advise THOT THERE was a offunder
Hunging From Call 10 Stiding	door, I Heard officer THOMas say do not
open THE CELL door due TO TH	Le Offerder Hanging From THE Sliding Celldoop,
I observed Capi. Hayes Red	Reive THE suicide Knife From THE Key, and
Raw it To OFFicer THOMOS. I	Heard Officer Thomas Sal open Gell 10 at
THAT Time I opened THE CE	I dook and went down THE TICK TO ASSIST THE
OTHER OFFicers. I observed	OFFENDER Laying on
THE Floor Wresponsive. Offic	ex THOMAS was in THE Call WITH THE OFFENDER.
I e Hecked THE OFFENDER FOR	Vital signs and was unable To Locate apulse. AT
THIS Time OFFicer THOMUS began	un CHEST compressions and I began Rescue
Breathing. Nurse Haley en	Tered THE Cell and Took over chest compressions
Note all injuries received (If none, then state so)):
Nove	
Were you screened by medical? Yes No I	
Signature:	
Date Original Statement Written: 2-10-16	•
Date Typed Statement Received and Signed:	

Date of Incident: 2-10-16	Time of Incident 4.24 A.m.
Name: Duniel Alsup	Employee: Offender: DOC: #:
Check One: Civilian: □ Witness: □	Participant: Other (Specify):
What did you see, hear and/or do:	.e.
and I continued Rescue breathing	g. The Offerder was placed on The medical
STRECHER and esconsted to THE	Trainment While Nurse Holey continued
CPR. I Accompanied MASSE H	aley and THE OFRENDER TO THE INFIRMORY,
Once in The infirmery Mysel	F along with medical staff and officer's
Moses and GRIZZIE ROTATED C	PR Cycles until Advanced medical ARRIVED
at 4:46 A.m. and Took over Li	
	*
	i.
THE SECOND SECON	3
	. :
·	
	VVC
	·
Note all injuries received (If none, then state so):	· ·
Nore	
Were you screened by medical? Yes D No B	
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 Incider	0424 hours				
	Name	Employee Of	fender DOC#				
Charles Caskey		X					
Participant	Witness Civilia	n di	Other: (Specify)				
X What did you be			And be view to the sections of the sections				
On 02-10-16 at appro	ar and/or do oximately 0424 hours, offic	on Chanles Coals	art was ston din a st the				
entrance of Cypress	A2 tier when officer Thom	er Charles Cask as alerted me of :	ey 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 (h)	hanging from	the cell door ba	rs by what appeared to				
	around his neck and attack						
	h the bars and around the Thomas then attempted t						
	ffender James Keene 3 290						
	and ask to help us and he c						
	while officer Thomas uni						
	the floor. I then immediate to unit where I remained.						
	ie infirmary by stretcher.	Tiater observed	medical stall escolt				
			×				
\							
			•				
Note all injuries rece	ived: (If none, then state so)	设持续整理的				
None							
100	1 10 7	V61-1-0-1	harden a barran and and				
Print Name:	y medical? Yes or No Charles Caskey	Date:	02-10-16				
	0110:	Date:	02-10-16				
Signature:	Clube Cely		U2-1U-10				
Offender	efused to make a statemen	The state of the s					
Employee Witness:		Date:					
Employee Witness:		Date:					
The state of the s			THE RESERVE OF THE PERSON NAMED IN THE PERSON NAMED IN				

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:
Ow2-10-16 At Approximitly 4:24 A.m Officier Charles Casker
WAS STANDING At the entrance of Cypress A 2 tier
when officier Thomas Alerted me of Amandownst
cell #10. I immediatly rushed to assist officier Thomas
When I arrived At cell #10 I observed of fender
hanging from the cell bars by what
Appeared to be A white sheet tied Around his weck And
Attached to the bars. I then placed my right and left
Arms trough the bare and around the offenders upper
turso area Andilifted him upward. Officier Thomas
them attempted to cut the sheet with a suicide KN/Ce
but was un successful. Offender James Keene Doc #290714,
whowas Also in the cell but Asleep in his bunkwas Awoke
Note all injuries received (If none, then state so):
Were you screened by medical? Yes 🗆 No 🗆
Signature:
Date Original Statement Written:
Date Typed Statement Received and Signed:

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 complie	ed Officialder
Keene And my self lifted offender	While
officier Thomas untied sheet from	
was thew lowered to the floor, I th	
returned to my post At Cypress &	,
medical access to unit. Where I re.	mained. I later
observed medical staff escort	
infirmary by stretheer	in
:	
	•
	····
Note all injuries received (If none, then state so):	*
None	
Were you screened by medical? Yes □ No □	
Signature: Charles Cap	
Date Original Statement Written: 2-10-16	
Date Typed Statement Received and Signed:	:
are a produced income and digues.	

Winn Correctional Center, LLC. Incident Statement

Date of Incident:	02-10-16		Time of J	nciden	16-	0424 hours		
	Name		Employe	e Off	ender	DOC#		
De'Auntayee Nash			X					
Participant	Witness	Civilia	n i i i i i i i		Other:	(Specify)		
X								
What did you see, he								
On 02-10-16 at appr	oximately 0424 l	iours, I off	icer Nash	was no	tified b	y officer Moses of		
with what an	a man down on A2 tier. I responded to cell 10 and observed offender with what appeared to be a white sheet fied around his neck area and the cell							
bars. I observed offi								
attempted to cut the								
was assigned to the								
Officer Tho								
offender down. CPF		A CONTRACTOR OF THE PARTY OF TH						
Haley entered and b escorted out the unit								
out to a training	by id a kinters in	zajor Corci	nan, Or 1	usup, a	ind the	or del nesv		
						2		
						-		
Note all injuries rece	eived: Of none th	ien state si	Mark Sec.		Was and W	的人的特殊的		
None		2011 2011 201	A STATE OF THE PARTY OF					
in one								
	and the second second	-	A CONTRACTOR OF THE PARTY OF TH	NAME OF TAXABLE PARTY.				
Were you screened b					00.10	建设。但是是这个人		
Print Name:	De'Auntayee N			Date:	02-10-	·		
Signature:	Te lety No	t .		Date:	02-10-	16		
Offender	refused to make	a statemen	C.		100			
Employee Witness:				Date:	and the second			
Employee Witness:				Date:				

Date of Incident: 2-10-16	Time of Incident: 4:24 a.m.
Name: De Auntage o Nosh	Employee: Offender: DOC: #:
Check One: Civilian: Witness:	Participant: Other (Specify):
- ·	•
What did you see, hear and/or do:	
On 2-10-16 at approxima	otely 4:24 am, I office Nach was notified
by office Moses of a man de	own on A2 tier. I responded to Cell 10
and observed oftender	with what appeared to be a
white sheet around his neck ar	rea and the cell bars. I observed Officer
Caskey holding up offender	while officer Thomas attempted to cut
the sheet with the suitide knife	Offender Sames Keene #290714, who was
assigned to the cell with otherder	was instructed to assist in lifting offsice
	the sheet and cell door was opened to lower the
_	ninistered by efficer Thomas and LT Alsep until
AN Haley entered and began CP	A. Offender was placed on the stretcher
and escorted out the Unit by Mi	V Haley, Major Coleman, L+ Algup, and the orderlies.
	•
Note all injuries received (If none, then state so):	
None	•
1.0116	
Were you screened by medical? Yes □ No □	
Signature: De log Md	
Date Original Statement Written: 2-10-16	
Date Original Statement Written:	•
Date Typed Statement Received and Signed:	

Winn Correctional Center, LLC. Incident Statement

Date of Incident:	02-10-16	Time of Incider	ot: 0424 hours
	Name	Employee Of	tender DOC#
Johnathan Moses		X	
Participant	Witness Civilla	an All Mary Asset	Other: (Specify)
X			
What did you see, he		rich is a birth and the	
	oximately 0424 hours, I of		
	Upon arriving at A2 cell 1 nat appeared to be a white		
to cut down nour wi	neck area. At this time		
Officer Thomas unti assisted to the floor. Thomas and LT Als Coleman and two of placed on the stretch staff to the infirmary until EMT staff arri Major Coleman to ra After arriving at WI	14 to wake up and assist of ed the sheet from around of The cell door was opened up to begin CPR. RN Hale fenders with the stretcher are. I along with Lt Alsup y. At the infirmary, medicated on the scene. I along wide in the back of the ambigness, offender was hours, Winn Parish Coro	fficer Caskey with the bar area and c and Captain Hay ey entered the cell entered the tier. escorted offender al staff continued with officer Grizzl ulance to Winn Pa	offender was res instructed officer l and began CPR. Major Offender was and medical CPR on offender le was instructed by arish Medical Center.
			•
Note all injuries rece	eived; (If none, then state s	0)	
A construction of the cons			`
THE RESIDENCE OF THE PARTY OF T	y medical? Yes or No	PRODUCT STREET, STREET	00.10.16
Print Name:	Johnathan Moses	Date:	02-10-16
Signature:	Amolymanus	Date:	02-10-16
Offender	refused to make a stateme	nt.	
Employee Witness:		Date:	
Employee Witness;		Date:	

Date of Incident: 2-10-16 Time of Incident: 7:24
Name: Thruthun muss Employee: V Offender: DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
What did you see, hear and/or do:
On 2-10-16 at approximately 0724 hours Tofficer Mous was about to an emogency
Situation on A2 tier Upon arriving at A2 (all. 10, I abserved Officer Thomas attempting to cust
down from what approved to be a while short tist acount the box and offender
neck seen. At the time, Laglain Hayes instructes oftented James Krens # 290714 to
Wake up and assist office lasky with lifting of Kenler . Office Thomas untist the
Shul from around the barance and offender was assisted to the floor. The cell how
Was apenet and Captain Hayes instructed office Thomas and It Alseys to begin CPR. RN Holy
enteret the cell and begin CRR. Mayer Coleman and two of Finders with the strateles entert the
tier. Oftender was placed on the stutcher. Falong with Lt Alsey recorded offender
and medical State to intermoge At the intermorgenetical state continuet IPR on oftender
until EMT Staff arrival anthe Same. I along with office brizzle was instructed by
Mare Coleman to cits in the back of the ambulance to Winn Parish Melical Lantes. Atter arrange
at WPML afterder was parment durant by Dr I placins at 05.25 Lours, Winn Parish
Note all injuries received (If none, then state so):
none
Were you screened by medical? Yes D No D
Signature: photomorphis
Date Original Statement Written: 2-10-16
Date Typed Statement Received and Signed:

Date of Incident: 2-10-14	Time of Incident: 4:24
Name: Thrathan mass	
Check One: Civilian: Witness:	Participant:
What did you see, hear and/or do:	
Loroner Matt Miller took possession or	6 offender .
	n n
	ingle ,
	· ·
	:

Note all injuries received (If none, then state so):	
none	
Were you screened by medical? Yes □ No 位	
Signature: 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 Incides	0430 hours
	Name .	Employee Of	fender DOC#
Casey Grizzle		X	
Participant	Witness Civili	an	Other: (Specify)
X			
What did you see, he	The state of the s	对于中央的	
Gate when I was not arriving to medical,	oximately 0430 hours, I of ified to report to the infirm I observed offender	nary for an emer	gency transport. Upon laying unresponsive on
	Haley and medical staff po		
	pression rotation until El		
offender win the	and myself were instructe to back of the ambulance	d by Major Cole	nan to accompany
	hours, Dr Iglesias pronou		
	eman of the decision and v		
	ner arrived. At 0620 hour	s, Winn Parish C	oroner Matt Miller took
possession of offende	er war.		
			enter santanement ou Novo Carley St. 1992 (1992)
Manager Manage	ived: (If none, then state s	0)	
none			
	y medical? Yes or (No	The state of the later of the l	
Print Name:	Casey Grizzle	Date:	02-10-16
Signature:	Carey 13 mink	Date:	02-10-16
Offender	efused to make a stateme	nt.	
Employee Witness:		Date	
Employee Witness:		Date	

Date of Incident: 1-10-16 Time of Incident: 4:30 Am
Name: 6 Cases 6 mizzle Employee: VOffender: DOC: #:
Check One: Civilian: Witness: Participant: Other (Specify):
What ded you see, hear and/or do:
On 2-10-16 at Approx. 4:30 Am I So C. Grizzle was working
Ash bate when I was notified to report to the infirma-
For a emergency transport upon arriving to medical
observed of Fender Laguig
untrapensive on a Stretcher with hurse Haley and
medical Staff Performing GPR I then assissted Lt. Alsup
with compression rotation MATI Emts attimed at Approx
4:46 Am and took over- Officer moses and myself were
then instructed by may Colomon to accompany oftender
in the back of the anhulonce
Towing Perish medical Center where Dr. Iglesias Propounce
OFFender Approx
5:35 Am. I then informed Maj Coleman of the Dr pecision
Note all injuries received (If none, then state so):
N/A
Were you screened by medical? Yes 🗆 No 🖭
Signature: % Casy Day
Date Original Statement Written: 2-10-16
Date Typed Statement Paraised and Signed:

Date of Incident: 2016 16 Time of Incident: 4:30 Am
Name: 40 Coses Grizzle Employee: VOffender. DOC: #:
Check One: Civilian: ☐ Witness: ☐ Participant: ☐ Other (Specify):
What ded you see, hear and/or do:
and was then instructed by maj Coleman to remain at
Winn Perish medical Center until the Coroner arrived
and took possession of offender
winn Perish Coroner mat + miller arrived are 6:08 Am and
Took Possession of Offender
at approx. 6:20 Am Maj Coleman was then noti Fied and
I was advised to return to WNC.
, , , , , , , , , , , , , , , , , , ,
<u> </u>
Note all injuries received (If none, then state so):
N/F
Were you screened by medical? Yes D No D
Signature: 40 Casey Davido
Date Original Statement Written: 210-16
Date Typed Statement Received and Signed:

Winn Correctional Center, LLC. Incident Statement

Date of Incident	02-10-16	Time of Inc	eldent:	0430 hours
The second secon	Name	Employee	Offender	DOC#
Spencer Deville		X		
Participant **	Witness Civilli	in	Other:	(Specify)
X What did you say be	and and the state	140 m		
What did you see, he	oximately 0430 hours, I Of	ficer Spencer	· Deville wa	s instructed by Lt
	vehicle for a hospital trip (
offender Management				ed the facility in a
	Advance Medical ambula			
	ormed by officer Grizzle factorized by Major Coleman			
coroner took possess	ion of offender At	0620 hours,	the Winn P	arish Coroner
took possession of of		•		
	1			
	A.	(,
	*			
Made III for head at a second	thinds (TE varya) there at her a	.0	Control of the	
	ived: (If none, then state so			AND DESCRIPTION OF THE PARTY OF
none	<i>/</i>			
·			Remarks of the latest and the	
Were you screened b Print Name:	y medical? Yes or No Spencer Deville	(Circle One		16
		7	经营业	
Signature	Spencer Desta		02-10-	
Offender	refused to make a statemer	n.	CONTRACTOR OF THE PARTY OF THE	
Employee Witness:		Da	Commence of the Commence of th	
Employee Witness:		Da	te:	

Date of Incident: 4-10-16 Time of Incident: 430 Am
Name: Spencer Dell'lle 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
gote, I c/o spencer De Vallo was enotrusted by to.
vernor to prepare a verbile for a hospital trup
to winn medical center with offerida
at 445Am -1 c/o Do Doble exital winn
correctional center to pollow ambulance, at 535Am
To CO Deltalle was Informed by c/o Casey Grizzle
that offender was pronounced decorate
Il C/O De latte was instructed by major Coloman
to stay at hospital until the county look over.
· · · · · · · · · · · · · · · · · · ·
Note all injuries received (If none, then state so):
Were you screened by medical? Yes □ No □
Signature: Dettolle
Date Original Statement Written: 2-10-16
Date Typed Statement Received and Signed: