

FORM CJ-9
(10-13-2009)

DEATHS IN CUSTODY ²⁰¹⁷ QUARTERLY REPORT ON INMATES UNDER JAIL JURISDICTION

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

DATA SUPPLIED BY

NAME J. MillerTITLE WardenOFFICIAL
ADDRESS

Number and street or P.O. box/Route number

1002 Main StreetCity FranklintonState LA ZIP Code 70438

TELEPHONE

Area Code Number 985-839-3434FAX
NUMBER

Area Code

Number 985-839-7834E-MAIL
ADDRESSjmillier@wpsol.a.gov

Reporting Period (Mark only one.)

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

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

What deaths should be reported?

- INCLUDE deaths of ALL persons 1
 CONFINED in your jail facilities, whether housed under your own or another jurisdiction;
 UNDER YOUR JURISDICTION but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities;
 UNDER YOUR JURISDICTION but out to court;
 WHILE IN TRANSIT to or from your facilities while under your jurisdiction.
- EXCLUDE deaths of ALL persons —
 CONFINED in facilities operated by two or more jurisdictions or those held in privately operated jails.
 UNDER YOUR JURISDICTION but in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
 UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction
 IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

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

Number of deaths 1

Instructions:

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

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 5 minutes per response for jurisdictions reporting zero deaths and 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

LOCAL JAIL INMATE DEATH REPORT

INMATE DEATH REPORT OF QUARTERLY TOTAL OF

1. What was the inmate's name?

Last Lester First Robert MI J

2. On what date did the inmate die?

Month 06 Day 17 Year 2007

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

Month 09 Day 16 Year 1968

4. What was the inmate's sex?

01 ☒ Male
02 ☐ Female

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

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

09 ☐ Not known

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

Month 12 Day 17 Year 2011

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

- a. Convicted Felon in possession of Firearm
- b. Principal to aggravated kidnapping
- c. Principal to car jacking
- d. Principal to aggravated burglary of Inhabited dwelling
- e.

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

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

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

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

01 ☐ Yes
02 ☒ No
08 ☐ Don't know

10. Where did the inmate die?

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

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

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

12. What was the cause of death?

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

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

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

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

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

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

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

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

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

Notes

Washington Parish Jail

Release Sheet: WPJAIL0000020302

Page: 1

ID #: 2011010079

Name: LESTER, ROBERT J JR

Address: 40899 CANARY LANE

FRANKLINTON, LA 704380000

Phone(Home/Business)(985) 000-0000 (985) 000-0000

DOB: 9/16/1968 Age: 48 YRS Height: 0- 0

Race: W Sex: M Weight: 000

Eyes: BRO Ethnicity: U Appearance: 10

Hair: BRO Resident: R Build: 7

Scars/Marks/Tattoos: Complexion: FAR

Birth Place:

Employer:

FBI ID:

IdentA:

SSN: [REDACTED] DL No.: 8424959

LA State ID:



Booking Date: 12/17/16 Time: 3:17

Transfer(Y/N)? Facility: WPJAIL

Release Date: 06/17/17 Time: 14:20

Reason for Release: TS

Officer: 2010050425 DOBY, KENNETH

Length of Stay: 183

Arrest Date: 12/17/16 Time: 0:00

Booking Officer: 2016080015 WARREN, SHANIQUIAL

Arresting Agency: WPSO

Cell Assignment: B

Officer: 74773 MYERS, DET RAYMOND

Status: Class: P

Location: WPSO JAIL

Hold Reason:

FRANKLINTON

LA

Holding For:

Searched By: MANNING

Phone Call: Y

Sentence Date: / /

CLOTHING: Y NCIC: Y DNA BLOOD:

Scheduled Release: / / 0:00

METAL: Y WARRANT: Y

Court Date:

PAT: Y PRINTS: Y

Attorney:

STRIP: Y PHOTO: Y

Bondsman:

CAVITY: DNA SWAB:

Supplemental To:

Drug Screen:

Cash: \$0.00 Vehicle Information:

Vehicle Location:

Property Description:

Property Location:

1-BLACK JACKET

1-DARK GREEN SKULL T-SHIRT

1-CAMO PANTS

1-DARK PURPLE BOXERS

1-BLACK BELT

12/20/16.....2 PR OF SOCKS, 2 PR OF BOXERS, 2 T SHIRTS, 2 THERMAL, 1 GREY SWEATSUIT, 2 WASHCLOTHS, 1 PR OF SHOWER SHOES, 2 TOWELS.....AMCMORRIS

Seq.No.: Code:		Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number	Fel/Misd	Fine	Amount:
1	95.1 2016120615	CONVICTED FELON IN POSSESSION OF FIREARM 14:95.1	22JDC	100,000.00 F	CPS	0.00
12/19/16....BOND ON CHARGES 1-4 CONFIRMED AT 72'S WITH CONDITION OF NO CONTACT WITH VICTIM PER COMM FOIL....J.BLACKWELL						
2	14:24:44 2016120615	PRINCIPAL TO AGGRAVATED KIDNAPPING 14:24:44	22JDC	100,000.00 M	CPS	0.00

Washington Parish Jail

Release Sheet: WPJAIL0000020302

Page: 2

3	14:24:64.2 2016120615	PRINCIPAL TO CAR JACKING	22JDC	100,000.00 M	CPS 0.00
4	14:24:60 2016120615	PRINCIPAL TO AGGRAVATED BURGLARY OF INHABI 14:24:60	22JDC	50,000.00 M	CPS 0.00

Release Notes:

DECEASED

OFFENDER PASSED AWAY @ UMC ON 6/17/17 @1420. I WAS INFORMED, VIA DOCTORS REPORT THAT THE CAUSE OF DEATH: METASTATIC CANCER TO BRAIN OF UNKNOWN ALL TYPE

ATTENDING MD AT TIME OF DEATH: ALEXANDRIA LOUISE SILVERTON

PHYSICIAN PRONOUNCING DEATH: EMMANUEL GUAJARDO CELL # (956) 455-2975

EMAIL: EGUAJARD@TULANE.EDU

Total Bond Amount: \$350,000.00

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

Inmate's Signature _____ Date _____ Time _____

Witness _____ Date _____ Time _____

Releasing Officer _____ Date _____ Time _____

Authorized Release: 25384