

**Form NPS-4A  
(Addendum)****DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORT**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name

Title

Official  
Address

Telephone



City

FAX



State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

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

**ONLINE:** Complete the report online at: <https://bjscrcp.rti.org>

**E-MAIL:** [bjscrcp@rti.org](mailto:bjscrcp@rti.org)

**FAX (TOLL-FREE):** (866) 800-9179

**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjscrcp@rti.org](mailto:bjscrcp@rti.org)*

**What deaths should be reported?****INCLUDE** deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

**EXCLUDE** deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

**BURDEN STATEMENT**

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

# STATE PRISON INMATE DEATH REPORT

12. Are review

1. What was the inmate's name?

Lang Christopher

LAST FIRST MI

2. On what date did the inmate die?

1 2 2 2 2 0 1 7

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

WINN CORRECTIONAL CENTER

Facility City:

WINNFELD

Facility State:

LA

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

0 1 0 2 1 9 7 8

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☒ Yes  
☐ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0 9 0 1 2 0 1 7

MONTH DAY YEAR

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

- a. Schedule II  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

↳ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → na

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

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

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- ☐ Pre-existing medical condition  
☐ Deceased developed condition after admission  
☒ Could not be determined

Please add any additional notes regarding this death here:

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

INSTITUTION: Winnfield Correctional Center

NAME [REDACTED]	NUMBER [REDACTED]	DORM OR CELLBLOCK Ash	DATE OF INCIDENT 12-22-17	TIME OF INCIDENT 0555
LOCATION OF INCIDENT Ash Unit C1		WITNESSES C/O Stroud, Lt. Thomas, Major McFarland,		
TYPE OF INCIDENT - CHECK APPROPRIATE BOXES				
<b>Category A Incidents:</b> <input type="checkbox"/> Escape <input type="checkbox"/> Death by other than natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Violence <input type="checkbox"/> Suicide <input type="checkbox"/> Suspicious <input type="checkbox"/> Unknown <input type="checkbox"/> Unnatural <input type="checkbox"/> Execution <input type="checkbox"/> Assault resulting in life threatening injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Staff Injured In Line of Duty <input type="checkbox"/> Other <input type="checkbox"/> Significant Property Damage <input type="checkbox"/> Hostage Situation <input type="checkbox"/> Major Work Stoppage of Offenders <input type="checkbox"/> Employee Work Stoppage <input type="checkbox"/> Riot <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Tact Team / Outside Assistance <input type="checkbox"/> Lockdown of all or part of facility <input type="checkbox"/> Hunger Strike of Entire Facility or Multiple Units <input type="checkbox"/> Large Scale Evacuation <input type="checkbox"/> Other - Determined by Unit Head		<b>Category B Incidents:</b> <input type="checkbox"/> Escapee Apprehended <input checked="" type="checkbox"/> Death Due to Natural Causes <input type="checkbox"/> Expected <input checked="" type="checkbox"/> Unexpected <input type="checkbox"/> Gunshot - Shoot to disable (Class I) <input type="checkbox"/> Assault with significant injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Attempted Suicide with Significant Injury <input type="checkbox"/> Self Mutilation with Significant Injury <input type="checkbox"/> Hunger Strike - Individual <input type="checkbox"/> Hunger Strike - Organized <input type="checkbox"/> Use of Force w/Significant Injury <input type="checkbox"/> Lockdown of Limited Number of Offenders <input type="checkbox"/> Significant Water/Power Outage <input type="checkbox"/> Property Damage - Limited <input type="checkbox"/> Evacuation - Limited <input type="checkbox"/> Other - Employee Arrest <input type="checkbox"/> Other - Determined by Unit Head		<b>Category C Incidents:</b> <input type="checkbox"/> Agg. Sex Offense (Offender/Staff)* <input type="checkbox"/> Agg. Sex Offense (Offender/Offender)* <input type="checkbox"/> Staff/Civilian Sexual Misconduct* <input type="checkbox"/> Gunshot - Warning Shot (Class II) <input type="checkbox"/> Self Defense - No Human Injury or Death <input type="checkbox"/> Assault With No Significant Injury <input type="checkbox"/> Offender on Staff <input type="checkbox"/> Offender on Offender <input type="checkbox"/> With Weapon <input type="checkbox"/> Without Weapon <input type="checkbox"/> Throwing of Substances <input type="checkbox"/> Use of Force <input type="checkbox"/> Immediate <input type="checkbox"/> Planned <input type="checkbox"/> Chemical Agents on Single Offender <input type="checkbox"/> Use of Taser® <input type="checkbox"/> Cell Entry Team (Elec. Shield) <input type="checkbox"/> Less Lethal Weapons <input type="checkbox"/> Restraints Used (Restraint Chair, 4 Point, etc.) <input type="checkbox"/> Staff on Offender <input type="checkbox"/> Individual Hunger Strike

\* Copy to Investigations

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On 12-22-17 at 0555 hours, Correctional Officer D. Stroud (who was assigned to Ash Unit as the floor officer). C/O Stroud entered onto C1 tier to where he observed (O) [REDACTED] fall while in the middle of the floor between bed 3 and 4. C/O Stroud notified C/O Sapp, who was assigned to Ash Key to call a man down (via radio). Lt. D. Thomas arrived at 0600 and observed (O) [REDACTED] laying near bed #4. Medical Staff LPN Beaudion arrived at 0605 and assisted LT. Thomas. LPN Beaudion checked (O) [REDACTED] and observed (O) [REDACTED] not breathing. LPN Beaudion and Lt. Thomas began CPR on (O) [REDACTED]. Lt Thomas called Via Radio for a stretcher in Ash Unit to C1 tier. Major McFarland arrived in Ash Unit at 06:08am with a stretcher and entered onto C1 tier. Major McFarland and Lt. Thomas placed (O) [REDACTED] on the stretcher and exited the unit in route to the infirmary. At 0610am Major McFarland via radio notified control to notify Advance Medical Service to report to the facility.

Major McFarland and Captain Johnson entered into the infirmary with (O) [REDACTED] at 06:11am to the emergency room, where CPR continued on (O) [REDACTED]. At 0615am LPN Beaudion attached the AED machine to (O) [REDACTED], and CPR continued on (O) [REDACTED]. At 0622am Warden Deville arrived in to the infirmary. CPR continued along with the AED. CPR was conducted by the following staff members C/O Tims, C/O Wilkins, Sgt. Hudson, Major McFarland, Major Jordan, Major Coleman, Cpt. Ward, Cpt. Johnson, and Cpt. Vernor. Advance Medical arrived at 0655 and security staff continued CPR until Advance Medical Staff took over (O) [REDACTED] and began medical assistance. Medical Staff instructed security staff to place (O) [REDACTED] on their stretcher where he was escorted out to the Emergency Vehicle. At 0700am Advanced Medical exited with (O) [REDACTED] to WPMC with C/O G. Gaar providing security and C/O Wilkins following in the transport van along with the weapon. At 0715 advanced arrived at WPMC with (O) [REDACTED] and at 07:34hrs. Dr. Julio Iglesias pronounced (O) [REDACTED] deceased. At 0811hrs. Coroner Nick Carpenter pronounced (O) [REDACTED] legal time of death Warden Deville was notified.

  
REPORTING OFFICER

12-22-17  
DATE COMPLETED

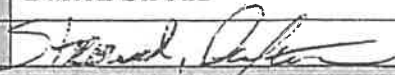
0911 hrs  
TIME COMPLETED

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

<b>Date of Incident:</b>		12-22-2017		<b>Time of Incident:</b>		0555hrs	
<b>Name</b>				<b>Employee</b>	<b>Offender</b>	<b>DOC #</b>	
La'Quetta Sapp				X			
<b>Participant</b>	<b>Witness</b>	<b>Civilian</b>	<b>Other: (Specify)</b>				
X							
<b>What did you see, hear and/or do:</b>							
<p>On 12-22-17 at 0555 hours, Correctional Officer D. Stroud (who was assigned to Ash Unit as the floor officer). C/O Stroud entered onto C1 tier to where he observed (O) [REDACTED] fall while in the middle of the floor between bed 3 and 4. C/O Stroud notified me, C/O Sapp, who was assigned to Ash Key to call a man down (via radio). I then called a man down for Ash Unit C-1 tier.</p>							
none							
<b>Were you screened by medical? Yes or No (Circle One)</b>							
<b>Print Name:</b>		La'Quetta Sapp		<b>Date:</b>		12-22-2017	
<b>Signature:</b>		<i>La'Quetta Sapp</i>		<b>Date:</b>		12-22-17	
X	<b>Offender refused to make a statement.</b>						
<b>Employee Witness:</b>				<b>Date:</b>			
<b>Employee Witness:</b>				<b>Date:</b>			




## Winn Correctional Center, LLC. Incident Statement

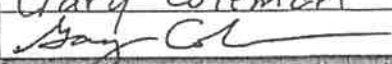
Date of Incident:	12-22-17	Time of Incident:	0555hrs
Name	Employee	Offender	DOC #
Dalton Stroud	X		
Participant	Witness	Civilian	Other: (Specify)
X			
What did you see, hear and/or do:			
On 12-22-17 at 0555 hours, I Correctional Officer D. Stroud (who was assigned to Ash Unit as the floor officer). I, C/O Stroud entered onto C1 tier to where I observed (O) [REDACTED] fall while in the middle of the floor between bed 3 and 4. I, C/O Stroud notified C/O Sapp, who was assigned to Ash Key to call a man down (via radio).			
none			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	Dalton Stroud	Date:	12-22-2017
Signature:		Date:	12-22-2017
X	Offender refused to make a statement.		
Employee Witness:		Date:	
Employee Witness:		Date:	



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

<b>Date of Incident:</b>		12-22-2017		<b>Time of Incident:</b>		0555hrs	
<b>Name</b>				<b>Employee</b>	<b>Offender</b>	<b>DOC#</b>	
Darrell Thomas				X			
<b>Participant</b>	<b>Witness</b>	<b>Civilian</b>	<b>Other: (Specify)</b>				
X							
<b>What did you see, hear and/or do:</b>							
<p>On 12-22-17 at 0555 hours a man down was called in Ash Unit on C1 tier. I, Lt. D. Thomas arrived at 0600 and observed (O) [redacted] laying near bed #4. Medical Staff LPN Beaudion arrived at 0605 and assisted me with (O) [redacted]. LPN Beaudion checked (O) [redacted] and observed (O) [redacted] not breathing. LPN Beaudion and I, Lt. Thomas began CPR on (O) [redacted]. I called Via Radio for a stretcher in Ash Unit to C1 tier. Major McFarland arrived in Ash Unit at 06:08am with a stretcher and entered onto C1 tier. Major McFarland and I placed (O) [redacted] on the stretcher and exited the unit in route to the infirmary. Captain Johnson took over the escort at birch gate for me.</p>							
none							
Were you screened by medical? Yes or No (Circle One)							
<b>Print Name:</b>		Darrell Thomas		<b>Date:</b>		12-22-2017	
<b>Signature:</b>				<b>Date:</b>		12-22-2017	
X	<b>Offender refused to make a statement.</b>						
<b>Employee Witness:</b>				<b>Date:</b>			
<b>Employee Witness:</b>				<b>Date:</b>			

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

Date of Incident: 12-22-17		Time of Incident: 0555	
Name		Employee	Offender
Major Coleman		x	DOC #
Participant	Witness	Civilian	Other: (Specify)
x			
<p>On December 22, 2017 at 0600 hours, I Major Coleman assisted medical with performing CPR on (O) Christopher La [redacted] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>			
Note all injuries received: (If none, then state so)			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	Gary Coleman	Date:	12-22-17
Signature:		Date:	12-22-17
<input type="checkbox"/> Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

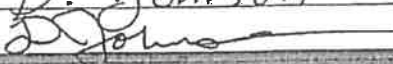
**Winn Correctional Center, LLC.**  
**Incident Statement**

<b>Date of Incident:</b>		12-22-17		<b>Time of Incident:</b>		0555	
<b>Name</b>				<b>Employee</b>		<b>Offender</b>	
K. Wilkins				x		DOC #	
<b>Participant</b>		<b>Witness</b>		<b>Civilian</b>		<b>Other (Specify)</b>	
x							
<p>On December 22, 2017 at 0600 hours, I Correctional Officer K. Wilkins assisted medical with performing CPR on (O) Christopher [REDACTED] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>							
<p>Note all injuries received: (If none, then state so)</p>							
<p>Were you screened by medical? Yes or No (Circle One)</p>							
<b>Print Name:</b>				<b>Date:</b>			
K. Wilkins				12-22-17			
<b>Signature:</b>				<b>Date:</b>			
K. Wilkins							
<p>Offender refused to make a statement.</p>							
<b>Employee Witness:</b>				<b>Date:</b>			
<b>Employee Witness:</b>				<b>Date:</b>			

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

Date of Incident:		12-22-17		Time of Incident:		0555	
Name				Employee		Offender	
Major Jordan				x		DOC #	
Participant		Witness		Civilian		Other: (Specify)	
x							
<p>On December 22, 2017 at 0600 hours, I Major Jordan assisted medical with performing CPR on (O) Christopher L. [redacted] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>							
<p>Note all injuries received: (If none, then state so)</p>							
<p>Were you screened by medical? Yes or No (Circle One)</p>							
Print Name: X Jordan				Date: 12.22.17			
Signature:				Date:			
<p>Offender refused to make a statement.</p>							
Employee Witness:				Date:			
Employee Witness:				Date:			

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

Date of Incident: 12-22-17		Time of Incident: 0555	
Name: D. Johnson		Employee	Offender
		x	
Participant	Witness	Civilian	Other: (Specify)
x			
<p>On December 22, 2017 at 0600 hours, I Cpt. D. Johnson assisted medical with performing CPR on (O) [REDACTED] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>			
Note all injuries received: (If none, then state so)			
Were you screened by medical? Yes or No (Circle One)			
Print Name:	D. Johnson	Date:	12-22-17
Signature:		Date:	12-22-17
Offender refused to make a statement.			
Employee Witness:		Date:	
Employee Witness:		Date:	

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

Date of Incident:		12-22-17		Time of Incident:		0555	
Name				Employee		Offender	
R. Tims				x			
Participant		Witness		Civilian		Other: (Specify)	
x							
<p>On December 22, 2017 at 0600 hours, I Correctional Officer R. Tims assisted medical with performing CPR on (O) Christopher [REDACTED] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>							
<p>Note all injuries received: (If none, then state so)</p>							
<p>Were you screened by medical? Yes or No (Circle One)</p>							
Print Name:		R. Tims			Date:		
Signature:		R. Tims			Date:		
<p>Offender refused to make a statement.</p>							
Employee Witness:				Date:			
Employee Witness:				Date:			

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

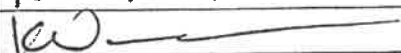
Date of Incident:		12-22-17		Time of Incident:		0555	
Name				Employee	Offender	DOC #	
K. Hudson				x			
Participant		Witness		Civilian		Other: (Specify)	
x							
<p>On December 22, 2017 at 0600 hours, I Senior Officer K. Hudson assisted medical with performing CPR on (O) [REDACTED] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>							
Note all injuries received: (If none, then state so)							
Were you screened by medical? Yes or No (Circle One)							
Print Name:		K. Hudson			Date:		12-22-17
Signature:		K. Hudson			Date:		12-22-17
<input type="checkbox"/> Offender refused to make a statement.							
Employee Witness:						Date:	
Employee Witness:						Date:	



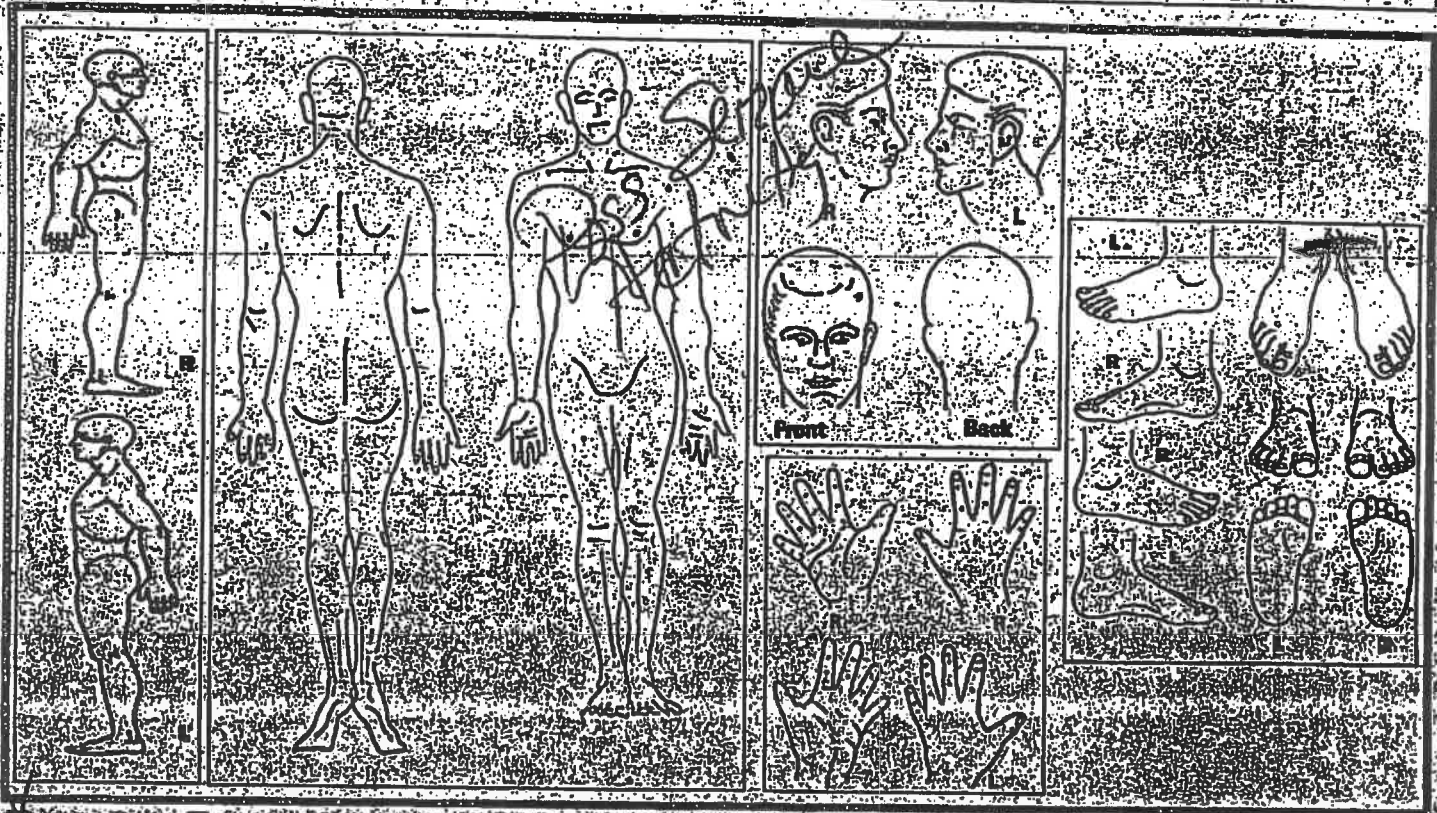
**Winn Correctional Center, LLC.  
Incident Statement**

Date of Incident:		12-22-17		Time of Incident:		0555	
Name				Employee		Offender	
R. Ward				x			
Participant		Witness		Civilian		Other: (Specify)	
x							
<p>On December 22, 2017 at 0600 hours, I Cpt. R. Ward assisted medical with performing CPR on (O) [redacted] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>							
<p>Note all injuries received: (If none, then state so)</p>							
<p>Were you screened by medical? Yes or No (Circle One)</p>							
Print Name:				R. Ward		Date: 12-22-17	
Signature:						Date: 12-22-17	
<p><input type="checkbox"/> Offender refused to make a statement.</p>							
Employee Witness:						Date:	
Employee Witness:						Date:	

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

Date of Incident:		12-22-17		Time of Incident:		0555 Am	
Name				Employee	Offender	DOC #	
K. Vernor				x			
Participant	Witness	Civilian	Other: (Specify)				
x							
<p>On December 22, 2017 at 0600 hours, I Cpt. K. Vernor assisted medical with performing CPR on (O) [REDACTED] in the infirmary. I continued CPR until I was relieved by Advanced Medical Service.</p>							
Note all injuries received: (If none, then state so)							
Were you screened by medical? Yes or No (Circle One)							
Print Name:		K Vernor			Date:		12-22-17
Signature:					Date:		12-22-17
Offender refused to make a statement							
Employee Witness:						Date:	
Employee Witness:						Date:	

# Facility Anatomical Form



☒ Inmate ☐ Employee

Name: (Last, First)

DOC #

DOB: 4/8/77 Sex: M

Reason for Report: (circle)

Injury

Use of Force

Pre-Seg Admission

Med. Emergency

Other: Seizure Activity

Injuries Found? (circle)

Yes

No

Mode of Arrival: ☐ Wheelchair ☐ Ambulatory ☒ Stretcher

If yes use the appropriate code number on the figure above

Abrasions/Scratch	1	Fresh Tattoo	8	Add appropriate codes below	
Bruise/Discoloration	2	Cut/Laceration	9		14
Burn	3	Pain	10		15
Deformity	4	Protrusion	11		16
Dried Blood	5	Puncture	12		17
Reddened Area	6	Open Fracture	13		18
Swollen Area	7				

Vital Signs: Weight

Temp

Pulse

Resp

B/P

Brief Statement of occurrence

Medical Emergency - Seizure Activity - OK  
Stretcher - Ambulance - Ambulance  
Ambulance - Ambulance

Disposition:

Cleared for SEG: Yes No N/A

Examiner:

Date:

12/22/17

Time:

5:27 AM

