Form NPS-4A (Addendum)



#### **DEATHS IN CUSTODY—2017** STATE PRISON INMATE DE

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

ATH REPORT	RTI INTERNATIONAL
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	FORM COMPLET	ED BY:	
		Title	
	1	Title L	·
		Telephone	1
		FAX	† A ** ×
Zip	E-mail		
-	Zip	FORM COMPLET	FORM COMPLETED BY:  Title  Telephone  FAX  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://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
- 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?  Lang Christopher  LAST FIRST MI	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
2.	On what date did the inmate die?  1 2 2 2 0 1 7  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Schedule II
3.	What was the name and location of the correctional facility involved?	b. c.
	Facility Name: WINN CORRECTIONAL CENTER	de.
	Facility City: Facility State:  WINNFIELD LA	10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth?  0 1 0 2 1 9 7 8  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	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☑ Yes ☐ No	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:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Please Specily.
	<ul> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> </ul>	
	Some other race  Please Specify:	

		w of medical records) available to establish an official cause of death?
		YES —— CONTINUE TO Q13
	ι	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
1		□ No evaluation is planned → CONTINUE TO Q13
_		
1:	3. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	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]
_	A.S	
1	_	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	O	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
١,		In the prison facility or on the prison grounds    \( \sum \sum \subset \subseteq \text{In the inmate's cell/room} \)
ľ		☐ 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 SPECIFY	In a special mental health services unit
		☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
١.		Elsewhere within the prison facility
		Please Specify:
		Outside the prison facility (e.g., while on work release or on work detail)
	(	Elsewhere
		Please Specify:
la.		
1	5. When	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.	Excluservi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PEACH ITEM (a-f) d. Treatment/care other than medications PEACH ITEM (a-f) e. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	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.")
	0	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
(	ensoner .	
Plea	ise add	d any additional notes regarding this death here:
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Form C-05-601-W-1 15 July 2011

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

**INSTITUTION: Winnfield Correctional Center** 

NAME NUMBER		DATE OF INCIDENT	TIME OF INCIDENT				
	Ash	12-27-17	0555				
LOCATION OF INCIDENT  Ash Unit C1  WITNESSES  C/O Stroud, Lt. Thomas, Major McFarland.							
Ash Unit C1 C/O Stroud, Lt. Thomas, Major McFarland,  TYPE OF INCIDENT - CHECK APPROPRIATE BOXES							
Category A Incidents:	Category B Incidents:	Category C Inc	ridente:				
Escape	☐ Escapee Apprehended	Agg. Sex C					
☐ Death by other than natural ☐ Death Due to Natural Causes ☐ (Offender/Staff)*							
Causes							
☐ Accident ☐ Unexpected ☐ (Offender/Offender)* ☐ Violence ☐ Gunshot - Shoot to disable (Class I) ☐ Staff/Civilian Sexual Miscondu							
Suicide	Assault with significant injury		Naming Shot (Class II)				
Suspicious	Offender on Staff		Defense - No Human				
Unknown	Offender on Offender		or Death				
☐ Unnatural	With Weapon		h No Significant Injury				
Execution	☐ Without Weapon		ider on Staff				
Assault resulting in life threatening Injury	Attempted Suicide with		nder on Offender				
Offender on Staff	Significant Injury  Self Mutilation with		Weapon out Weapon				
☐ Offender on Offender	Significant Injury		wing of Substances				
With Weapon	Hunger Strike - Individual	☐ Use of Ford	<b>8</b>				
☐ Without Weapon	Hunger Strike - Organized		diate				
Staff Injured In Line of Duty	☐ Use of Force w/Significant Inju						
Other Significant Property	Lockdown of Limited No of Offenders	umber Li Chen Offer	nical Agents on Single				
Damage	Significant Water/Power Outs		of Taser®				
☐ Hostage Situation	Property Damage - Limited		Entry Team (Elec.				
☐ Major Work Stoppage of	Evacuation - Limited	Shiel	d)				
Offenders	Other - Employee Arrest		Lethal Weapons				
☐ Employee Work Stoppage ☐ Riot	Other - Determined by Unit H	ead   LI Rest	raints Used (Restraint , 4 Point, etc.)				
Natural Disaster			on Offender				
Tact Team / Outside			lunger Strike				
Assistance	. **						
Lockdown of all or part of	1	182 B	10 . (10)				
facility	1						
Hunger Strike of Entire Facility or Multiple Units	1		a Kris				
☐ Large Scale Evacuation	· .	* Copy to Inves	tigations				
Other - Determined by	Δ.	19					
Unit Head							
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 v	where he observed (O)	s assigned to Ash Uni	while in the middle of				
the floor between bed 3 and 4. C/O							
(via radio). Lt. D. Thomas arrived at (	0800 and observed (O) layis	ng near bed #4. Medic	al Staff LPN Beaudion				
arrived at 0605 and assisted LT. Tho	mas. LPN Beaudion checked (O)	and observed (C	not breathing.				
LPN Beaudion and Lt. Thomas began C1 tier. Major McFarland arrived in	n CPK on (U) The Lt I Romas C n Ach linit at 08:08am with a	alled viz Kaldio for a Si enatcher and entered	recener in Ash Unit to Lonto C1 Her. Malor				
McFarland and Lt. Thomas placed	(O) on the stretcher and	exited the unit in rout	e to the infirmary. At				
0510am Major McFarland via radio	notified control to notify Advan	ce Medical Service to	report to the facility.				

Major McFarland and Captain Johnson entered into the infirmary with (O) at 06:11am to the emergency room, where CPR continued on (O) At 0615am LPN Beaudion attached the AED machine to (O) and and CPR continued on (O) 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 Lordan, 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) and began medical assistance. Medical Staff Instructed security staff to place (O) and on their stretcher where he was escorted out to the Emergency Vehicle. At 0700am Advanced Medical exited with (O) and 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) and and at 07:34hrs. Dr. Julio Iglesias pronounced (Q) deceased. At 0811hrs. Coroner Nick Carpenter pronounced (O) and legal time of death Warden Deville was notified.

REPORTING OFFICER

12-22-17 DATE COMPLETED

TIME COMPLETED

Date of Incident:	12-22-2017		Time o	f Inciden	ŧ.	0555hrs
	Name		Emplo	yeë Off	ender	DOC#
La <sup>2</sup> Quetta Sapp _			X			₩
Participant	Witness -	* Civilia			Other:	(Specify)
<b>K</b>				· ·		
What did you see, h	rear and/or do: hours, Correctional		a			Value de la Va
all while in the midd	oud entered onto C1 le of the floor betwe Key to call a man do	en bed 3 a	ind 4, C/0	Stroud i	notified	me, C/O Sapp, whoown for Ash Unit C
	by medical? Yes		(Circle			
Print Name:	La'Quetta Sapp	)		Date:	12-22-	2017
Signature: , , , , ,	Za Quetta	Soft	,	Date:	12-2	2-17
X Offender	r refused to make a	1.1	The state of the s			
Employee Witness:				Date:		
Employee Witness	The state of the s			Date		

Date of Incident:	f Incident: 12-22-17 Fime of Incident:			0555hrs	
Name			Employee	Offender	DOC#
Dalton Stroud			X		N
Participant	Witness	* Civili:	in.	Other	(Specify)
X		Orimi		Officia	(Specify)
What did you see, he					
On 12-22-17 at 0555 the floor officer). I, C/market while in the who was assigned to A	O Stroud entered ne middle of the f	d onto C1 ti loor betwee	er to where I n bed 3 and 4.	observed (C	gned to Ash Unit as D) (In the Indian Community of the
none					
Were you screened b	ov medical? Vo	es or No	(Circle On	e)	
Print Name:	Dalton Stroud				-2017
Signature:	Stand 1	le le	_ D	ate: 17%	7-2017
X Offender,	refused to make	a stateme	nt		
Employee Witness:	The second secon	der um Meneral Men. per sammer	Ď	ăte:	
			Sec. 1.		

Darrell Thomas  Participant  Witness  Civilian  X  What did You see, hear and/or do:  On 12-22-17 at 0555 hours a man down was called in Ash U at 0600 and observed (O)  Level Beaudion checked (Co)  Level Beaudion checke	Other of tier. I staff LPN Beach on (O) and of Ash Unit at 06:	, Lt. D. Thomas arrive audion arrived at 060 observed (O) and no called Via Radio for :08am with a stretch tretcher and exited th
Participant  Witness  What did you see, hear and/or do:  On 12-22-17 at 0555 hours a man down was called in Ash U at 0600 and observed (O)  and assisted me with (O)  Creathing. LPN Beaudion and I, Lt. Thomas began CPR of stretcher in Ash Unit to C1 tier. Major McFarland arrived in and entered onto C1 tier. Major McFarland and I placed (O)  unit in route to the infirmary. Captain Johnson took over the	nit on C1 tier. I Staff LPN Bea O) and o n (O) and I o Ash Unit at 06	, Lt. D. Thomas arrive audion arrived at 060 bserved (O) arrived no called Via Radio for :08am with a stretch tretcher and exited th
What did you see, hear and/or do: On 12-22-17 at 0555 hours a man down was called in Ash Ut 0600 and observed (0) laying near bed #4. Medica nd assisted me with (0) LPN Beaudion checked (0 treathing. LPN Beaudion and I, Lt. Thomas began CPR of tretcher in Ash Unit to C1 tier. Major McFarland arrived in and entered onto C1 tier. Major McFarland and I placed (0) and in route to the infirmary. Captain Johnson took over the	nit on C1 tier. I Staff LPN Bea O) and o n (O) and I o Ash Unit at 06	, Lt. D. Thomas arrive audion arrived at 060 bserved (O) arrived no called Via Radio for :08am with a stretch tretcher and exited th
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Were you screened by medical? Yes or No (Circle	(Oze)	
Were you screened by medical? Yes or No (Circle Print Name: Darrell Thomas		22-2017
Signature: Oc A 7 Long &	Challenge (September 1997)	-21.2dT
X Offender refused to make a statement.	1,3	91 XX /
Employee Witness:	U O DESIGNATION OF STREET	Harris Colores Caralla
Employee Witness:	Date:	

Date of Incident: "		i i	Time of In	eident:	0555
	Name		Employee	Offender	DOC# -
Major Coleman			X	(a)	- ,
Participant	Wifness	Civilia	ñ	Other	(Specify)
On December 22,	2017 at 0600 h	oure I Major	Coleman	gisted modi	and with
performing CPR or		ours, riviajor			continued CPR
ıntil I was relieved		Medical Servi		-+4	
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		(140)			
Note all injuries rec	ceived: (If none	, then state s	0)		
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Vere you screened	by medical?	Ves or No	(Circle On	e)	
Print Name:	Gary	Coleman	D	1401	22./7
Signature:	yan (	A	D:		2017
	r refused to ma	ke a statemer			
		AU A SHILLING			
Employee Witness:	Page 1		1999	ate:	
Employee Witness:	(S)			ite:	

Date of Incident:	12-22-17	Time of Inc	eident:	0555				
	Name	Employee	Offender	DOC#				
K. Wilkins		X		n stragt				
Participant.	Witness Civili	8n	Other	(Specify)				
X			-					
	On December 22, 2017 at 0600 hours, I Correctional Officer K. Wilkins assisted medical							
	with performing CPR on (O) in the infirmary. I continued							
CPR until I was rel	ieved by Advanced Medica	I Service.						
•								
Note all injuries rec	eived: (If none, then state	so)						
	by medical? Yes or No		The state of the s	<b>一种人类的一种人类的</b>				
Print Name:	K. Wilkins	1993		22-17				
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Date of Incident:	12-22-17		Time of In	cident		0555		
	Name		Employee	Offe	nder	DOC#		
Major Jordan	ž.	1444	x		. 1			
Participant	Witness	Civilia	n	retire . (	thei.	(Specify)		
X.			(Auction III and a second		NAME OF TAXABLE PARTY.			
O- D	1017 -40007	TN4-1						
On December 22, 2017 at 0600 hours, I Major Jordan assisted medical with performing CPR on (O) Constant and the infirmary. I continued CPR until I was								
relieved by Advance	ed Medical Serv			, www.aa.va.a.		சு <sub>க</sub> ிய குறியம் கொளிய ஆன் நடித்து		
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Note all injuries rec	eived: (If none	then state s	0)					
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Signature:	1. 0							
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Employee Witness:			I	Inte:				
Employee Witness			T	Date:				

Date of Incident:	12-22-17		Time of Inc	eident:	0555
	Name		Employee	Offender	DOC#
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Participant	Witness	Civilia	in .	Other:	(Specify)
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On December 22, 2	017 at 0600 hav	re I Cnt D	Johnson as	sisted modi	cal with
performing CPR on		113 <u>,</u> 1 Cpt. D			continued CPR
until I was relieved	by Advanced M	edical Servi		•	
				•	
	*				
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Print Name:	_ ^	4		THE REAL PROPERTY.	27-17
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Employee Witness:	A CO		1 . Ph.	ater	
Employee Witness:			D	ater	

Date of Incident:	12-22-17		Time of Inc	ident:	0555
A COMMON AS A SECOND	Name		Employee	Offender	DOC#
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Participant	Witness	Civilia	ii.	Other:	(Specify)
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	refused to make	a statement			
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mnlovee Witness:			Dat	0.	

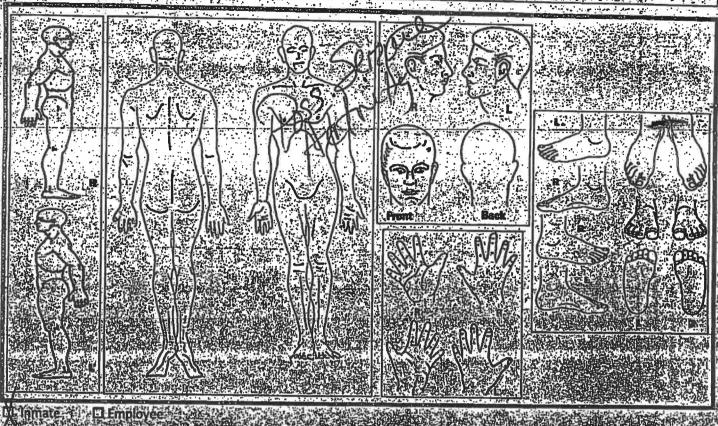
į.,

Date of Incident:	12-22-17	Ti	me of Incide	ıt: 05	55
	Name	E)	nployee Of	fender	DOC#
C. Hudson		X.			
Participant	Witness	Civilian	Hall State	Other: (Sp	ecify)
	TO THE RESIDENCE OF THE PARTY O	w china state			
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On December 22, erforming CPR or		urs, I Semor OI			tinued CPR
ntil I was relieved	by Advanced M	ledical Service.		J. v	Sin .
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ote all injuries re	ceived: (in none,	then state su)			
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rint Name:	1 1 1 1	Son	Date:	12 2	2-17
ignature:	12 1/ /		Date:	12-2	2-17
The state of the s	The Control of the Co	M.			
Offende	r refused to mal	ke a statement.			
mployee Witness	:		Date:		
Imployee Witness			Date:	10	

Date of Incident:	12-22-17	Ti	me of In	cident:	,0555
	Name	(E)	nployee	Offender	DOC#
R. Ward	A STATE OF THE STA	X	a series	•	
Participant	Witness	Civilian		Other	(Specify)
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On December 22, CPR on (O) relieved by Advance	oplar land 9125	👊 in the infir	ard assismary. I	sted medica continued (	l with performing CPR until I was
Note all injuries re Were you screened Print Name: Signature:		es or No (C	D	ne) late: 12	-22-17
Employee Witness:			D	ate:	
CONTRACTOR OF THE PROPERTY OF THE PARTY.			1400	ater	

Date of Incident:	12-22-17		Time of Incident:			0555 Am	
	Name		Empl	oyce O	fender	I	00C#
K. Vernor	144		X.				
Participant	Witness	Civilia	m .	10 19 人	Other	: (Specif	
			-				
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ıntil I was relieved l		ledical Servi		TOTAL ALLENDA	J (		
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Note all injuries nec	eived: (If none,	then states	0)				
Were you soreaned	by medical? Y	es or No	(Circ	le One)			
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Signature;	100)			Date:	12	-22-	
	refused to mal	te a stateme	ni.				
Employee Witness			tendesti _	Date:	The same of the sa	and the same state	1000
hadists a trings.				Date	E18		

### Facility Anatomical Form



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1	EDIZ POST	E S	20 mar (40 Per)						LC - 1	
1401	TE-Treple	AJ L	2000	,	100	)OC#認定		P4V-97		
	BET IAC	/ <i>M</i> **		La freeze to 18 18	The second state	and the	W. W. Land Co.	THE PERSON	102126	30 F
μų	DIFFA		나면생기가 그 서 내 내 등	TARREST TO SECURITION OF THE PARTY OF THE PA	THE RESERVE OF THE PERSON OF T			THE THE PARTY	ALCOHOL: N	Second de

Reason ov Report (circle) | Injury
Other 20/2 | 20/2 | 20/2 |
Injuries Folinia (circle) | es. No Use of Forces: Pre-Ser Admission - Med Emergency

	Abrasions/Scratch	# 21 kg	Fresh Tattoo	8 75	Add appropriate co	ides below & # 10 15
·	Bruise/Discoloration	25.2	Cut/Laceration 💥 🚜	14.90 m	<b>这种基础的企业</b>	14.8
4.	Burn :	3.7	Pain	10	Taxable Company	15 15
j.	Deformity in 1997	1. TE 4 77.50	Protrusion ( 👍 🖟 🚉	**************************************	的可用的	16 34 7
	Dried Blood	5.7	Puncture 13-14-14-14	12 Wa	A DESTRUCTION OF THE PARTY OF T	16 NOT 17 17 18
1	Reddeneded Area	75 65 W.	Open Fracture : 🐉 💏 🔭	3 13	<b>粉點如今</b>	*** 18 *** W
*	Swollen Area	22.7 Tot		13142 236		in a live in the second

Yital Signsi. Weight Temp. C. Pulse C. Resp: J. P. B/P.

Cleared for SEG: Yes No N/A

