



Bureau of Justice Statistics
U.S. DEPARTMENT OF JUSTICE

MORTALITY IN CORRECTIONAL INSTITUTIONS

OMB No. 1121-0249 Exp. 06/30/2021

You are logged in as: *Lafourche Parish Sheriff's Office - Louisiana (10957047)*

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problems?

Contact us at:
bjsmci@rti.org

2018 Data Submission Lafourche Parish Sheriff's Office - Louisiana

Enter the contact information for the primary person responsible for submitting data to the Mortality in Correctional Institutions. We may use this information to follow up on your reports.

FORMS COMPLETED BY:				
NAME	<input type="text" value="Cortrell Davis"/>		TITLE	<input type="text" value="Warden"/>
OFFICIAL ADDRESS	<input type="text" value="Number and street address"/> <input type="text" value="952 Hwy 3185"/>			
	<input type="text" value="City"/> <input type="text" value="Thibodux"/>	<input type="text" value="State"/> <input type="text" value="Louisiana"/>	<input type="text" value="ZIP Code"/> <input type="text" value="70301"/>	
TELEPHONE	<input type="text" value="Area Code"/> <input type="text" value="985"/>	<input type="text" value="Number"/> <input type="text" value="449-4464"/>	FAX NUMBER	<input type="text" value="Area Code"/> <input type="text" value="985"/>
	<input type="text" value="Number"/> <input type="text" value="449-4467"/>			
E-MAIL ADDRESS	<input type="text" value="cortrell-davis@lpso.net"/> <input type="button" value="Save 'Forms Completed By' Information"/>			

[Click Here to Complete/Edit/View 2018 Annual Summary Form](#)

[Click Here to Complete/Edit/View 2018 Death Reports](#)



Reference Form
[Annual Summary Form](#)



Reference Form
[Death Report](#)

If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bjsmci@rti.org.

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What deaths should be reported?

INCLUDE deaths of ALL persons...

- ✓ 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, or work farms); or on transfer to treatment facilities
- ✓ Under your jurisdiction but out to court
- ✓ In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- X Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- X Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- X In the process of arrest by your agency, but not yet booked into your jail facility

[Click Here to Add a 2018 Death Report](#)

You may want to review the form prior to entering data. A PDF form is available [here](#).

Existing Death Records

Name	Date of Death	Gender	Actions			Submitted?
Williams, Samuel	10/7/2018	Male	Print	Edit	Delete	Submitted
Williams, Samuel	10/7/2018	Male	Print	Edit	Delete	Submitted
Count=2						

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.

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Inmate Name: Williams, Samuel

1. What was the inmate's name?

Last	First	MI
Williams	Samuel	J

2. On what date did the inmate die?

Month	Day	Year
10	7	2018

3. What was the name and location of the correctional facility involved?*Please specify the correctional facility to which the inmate was assigned at the time of death.*

- ☐ Lafourche Parish Detention Center - Thibodaux, LA
- ☐ Transitional Work Program Facility - Raceland, LA
- ☐ South Lafourche Sub Station - Cutoff, LA
- ☒ Elsewhere, please specify below

Facility Name:

Lafourche Parish Detention Center

Facility City:

Thibodaux

Facility State:

LA ▼

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Inmate Name: Williams, Samuel

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

Month Day Year

7 10 1982

5. What was the inmate's sex?

Male ▼

6. Was the inmate of Hispanic, Latino, or Spanish origin?☐ Yes☒ No

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Inmate Name: Williams, Samuel

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

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Inmate Name: Williams, Samuel

8. On what date was the inmate admitted to a facility under your jurisdiction?

Month Day Year

9 15 2018

9. Was the inmate being confined in your jail facility on behalf of any of the following?**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)**

- a. U.S. Immigration and Customs Enforcement ☐ Yes ☒ No ☐ Don't Know
- b. U.S. Marshals Service ☐ Yes ☒ No ☐ Don't Know
- c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction ☐ Yes ☒ No ☐ Don't Know

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

- a.
- b.
- c.
- d.
- e.

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Inmate Name: Williams, Samuel

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted - new court commitment
- ☐ Convicted - returned probation / parole violator
- ☒ Unconvicted
- ☐ Other

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

- ☒ Yes
- ☐ No
- ☐ Don't Know

13. Where did the inmate die?

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

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Inmate Name: Williams, Samuel

14. 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
- ☐ Evaluation complete - results are pending
- ☐ No evaluation is planned

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Inmate Name: Williams, Samuel

15. What was the cause of death? * Please SPECIFY cause of death-it is critical information *****

- ☐ Illness-Exclude AIDS-related deaths
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication
- ☐ Accidental injury to self
- ☐ Accidental injury by other (e.g., vehicular accidents during transport)
- ☒ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose)
- ☐ Homicide
- ☐ Other cause(s)

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Please specify the cause of death:

Suicide by hanging

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Inmate Name: Williams, Samuel

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

- ☒ In the jail facility or on the jail 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 segregation unit
- ☐ In a special medical unit / infirmary
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility
- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

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

- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☒ Overnight (Midnight to 6 am)

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Inmate Name: Williams, Samuel

Please add any additional notes regarding this death here:

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