

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**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	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**
**If no deaths occurred in 2018:**

- You do not need to complete this form.

**If you had more than one death in 2018:**

- 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://bjsmci.rti.org>
**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

**MAIL:** RTI International, Attn: Data Capture  
 Project #: 0215015.001.300.117.102.100  
 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

*If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or [bjsmci@rti.org](mailto:bjsmci@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

Are the review

1. What was the inmate's name?

Francois      Ronnie        
 LAST                      FIRST                      MI

2. On what date did the inmate die?

1 0      1 1      2 0 1 8  
MONTH      DAY      YEAR

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

Facility Name:

Livingston Parish Work Release

Facility City:

Livingston

Facility State:

LA

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

1 2      0 8      1 9 6 7  
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?

1 0      0 1      2 0 1 8  
MONTH      DAY      YEAR

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

a. Oper-Vehicle-Intoxicated

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/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

Please Specify: Work Release- B&C

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] →

☒ Accidental injury to self [Describe] → na

☐ 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/infirmarary

☐ 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:

B&C Industry

**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 type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

## Administration Information

Report Number:	1 8 0 0 0 1 6 1 3 0 0 0 0	Report Type:	INITIAL				
Report Date:	1 0 / 1 1 / 2 0 1 8	Time:	1 6 3 2	District/Zone:	Z1		
Address:	36379		449	HW	01	Apt:	
Report Officer 1 -	DB2297	BOZEMAN,DERRICK	Assign Date:	1 0 / 1 1 / 2 0 1 8			
Report Officer 2 -			Assign Date:				
Investigator 1 -	BA5757	ASHFORD,BRANDON	Assign Date:	1 0 / 1 5 / 2 0 1 8			
			Review Date:				
Investigator 2 -			Assign Date:				
			Review Date:				
Assigned By:	BA5757	ASHFORD,BRANDON	Review Date:	1 0 / 1 5 / 2 0 1 8			
UCR Status:	PN	PENDING INVESTIGATION	Status Date:	1 0 / 1 1 / 2 0 1 8			
Case Status:	PN	PENDING INVESTIGATION	Status Date:	1 0 / 1 1 / 2 0 1 8			

## Primary Offense

Offense Type:	0098	DEATH	<input type="checkbox"/> Attempted	<input checked="" type="checkbox"/> Completed				
Address:	36349		449	HW	01			
City:	WALKER	State:	L A	Zip:	7 0 7 8 5	-		
District/Zone:	Z1	Location Type:	48	INDUSTRIAL SITE	<input type="checkbox"/> B-Buying Receiving			
Begin Date:	1 0 / 1 1 / 2 0 1 8	Time:	1 5 0 0	<input type="checkbox"/> C-Cultivation/Manufacturing/Publishing				
End Date:	1 0 / 1 1 / 2 0 1 8	Time:	1 7 0 0	<input type="checkbox"/> D-Distributing/Selling				
Lighting:	1	Weather:	1	Gang Activity:	N	<input type="checkbox"/> E-Exploiting Children		
Bias Motive:	88	NONE(NO BIAS)	Premises Enter:	N	<input type="checkbox"/> O-Operating/Promoting/Assisting			
Point Entry:		Point Exit:		Means Entry:		<input type="checkbox"/> P-Possessing/Concealing		
Tools Used:		Entry Dir:		Exit Dir:		<input type="checkbox"/> T-Transporting/Transmitting/Importing		
						<input type="checkbox"/> U-Using/Consuming		
						<input type="checkbox"/> I-Pos With Intent To Sell		
						<input type="checkbox"/> X-Other		
<input type="checkbox"/> Consumed Alcohol	<input type="checkbox"/> Photo/Video	<input type="checkbox"/> Used Computer Equipment	<input type="checkbox"/> Used Drugs	<input type="checkbox"/> Prints Lifted				
Weapons:	99	NONE						
Comments:								

Report approved by Michael Laplace on 10/15/2018

Narrative

*On October 11th, 2018 Sergeant Derrick Bozeman (LP315) was dispatched to 36349 Hwy 449 Walker, LA 70785 in reference to a death.*

*Please see supplement report for further information.*

## Administration Information

Report Number:	1800016130001	Report Type:	SUPPLEMENT
Report Date:	10 / 11 / 2018	Time:	1632
Address:	36379	449	HW 01 Apt:
Report Officer 1 -	DB2297	BOZEMAN,DERRICK	Assign Date: 10 / 11 / 2018
Report Officer 2 -			Assign Date: / /
Investigator 1 -			Assign Date: / /
			Review Date: / /
Investigator 2 -			Assign Date: / /
			Review Date: / /
Assigned By:			Review Date: / /
UCR Status:	PN	PENDING INVESTIGATION	Status Date: 10 / 11 / 2018
Case Status:	PN	PENDING INVESTIGATION	Status Date: 10 / 11 / 2018

### Primary Offense

Offense Type: <input type="text"/>		<input type="checkbox"/> Attempted		<input type="checkbox"/> Completed	
Address: <input type="text"/>		<input type="text"/>		<input type="text"/>	
City: <input type="text"/>		State: <input type="text"/>		Zip: <input type="text"/>	
District/Zone: <input type="text"/>		Location Type: <input type="text"/>		<input type="checkbox"/> B-Buying Receiving <input type="checkbox"/> C-Cultivation/Manufacturing/Publishing <input type="checkbox"/> D-Distributing/Selling <input type="checkbox"/> E-Exploiting Children <input type="checkbox"/> O-Operating/Promoting/Assisting <input type="checkbox"/> P-Possessing/Concealing <input type="checkbox"/> T-Transporting/Transmitting/Importing <input type="checkbox"/> U-Using/Consuming <input type="checkbox"/> I-Pos With Intent To Sell <input type="checkbox"/> X-Other	
Begin Date: <input type="text"/>		Time: <input type="text"/>			
End Date: <input type="text"/>		Time: <input type="text"/>			
Lighting: <input type="text"/>		Weather: <input type="text"/>			
Bias Motive: <input type="text"/>		Premises Enter: <input type="text"/>			
Point Entry: <input type="text"/>		Means Entry: <input type="text"/>			
Tools Used: <input type="text"/>		Entry Dir: <input type="text"/>		Exit Dir: <input type="text"/>	
<input type="checkbox"/> Consumed Alcohol		<input type="checkbox"/> Photo/Video		<input type="checkbox"/> Used Computer Equipment	
<input type="checkbox"/> Weapons: <input type="text"/>		<input type="checkbox"/> Used Drugs		<input type="checkbox"/> Prints Lifted	
Comments: <input type="text"/>					

Report approved by Michael Laplace on 10/15/2018

## Person Information

☐ Victim ☐ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business  
☐ Financial ☐ Government ☐ Religious ☐ Society ☒ Other/Unknown ☐ Custodian

Name, Last: FRANCOIS Name, First: RONNIE MNI #- 17 00002138

Middle Name: J Suffix:

Social Security:

Date of Birth: 12 / 08 / 1967 Report Age: 050

Age From: 050 to: 050 Sex: M Race: W Ethnicity:

Height/From: 5 06 to: 5 06 Weight/From: 180 to: 180 Resident Status: Resident

Eye Color: BRO Hair Color: BLU Birth Place (City):  State:

Address:  Apt:

Phone: (225) 686 - 1523 Hours There/From:  to:

City: LIVINGSTON State: LA Zip Code: 70754 -

Driver License: 2738252 State: LA Exp Year:  ☐ Juvenile

Comments:

## Employer Information

Employer's Name:

Address:  Apt:

City:  State:  Zip Code:  -

Phone: ( ) -  Hours From:  Hours To:

Start Date:  /  /

## Alias Information

Name:  Date of Birth:  /  /

Social Security:  -  -

Name:  Date of Birth:  /  /

Social Security:  -  -

Name:  Date of Birth:  /  /

Social Security:  -  -

## Person Information

☐ Victim ☒ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business  
☐ Financial ☐ Government ☐ Religious ☐ Society ☐ Other/Unknown ☐ Custodian ☐ —

Name, Last: WISE Name, First: KYLE MNI #: 14 00005588

Middle Name: LOUIS Suffix:

Social Security:

Date of Birth: 05 / 29 / 1986 Report Age: 032

Age From: 032 to: 032 Sex: M Race: W Ethnicity: N

Height/From: 5 09 to: 5 09 Weight/From: 175 to: 175 Resident Status: Resident

Eye Color: BLU Hair Color: BRO Birth Place (City): State:

Address: Apt:

Phone: (985) 302 - 1366 Hours There/From: to:

City: COVINGTON State: LA Zip Code: 70433 -

Driver License: 8311162 State: LA Exp Year: Juvenile

Comments:

## Employer Information

Employer's Name:

Address: Apt:

City: State: Zip Code: -

Phone: ( ) Hours From: Hours To:

Start Date: / /

## Alias Information

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

## Person Information

☐ Victim ☐ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business  
☐ Financial ☐ Government ☐ Religious ☐ Society ☒ Other/Unknown ☐ Custodian

Name, Last: BUVENS Name, First: JOSEPH MNI #: 18 00033731

Middle Name:  Suffix:

Social Security:  -  -

Date of Birth: 10 / 03 / 1988 Report Age: 030

Age From: 030 to: 030 Sex: U Race: W Ethnicity: U

Height/From:  to:  Weight/From:  to:  Resident Status: Resident

Eye Color:  Hair Color:  Birth Place (City):  State:

Address:  Apt:

Phone: (225) 324 - 2195 Hours There/From:  to:

City: WALKER State: LA Zip Code: 70785 -

Driver License:  State:  Exp Year:  ☐ Juvenile

Comments:

## Employer Information

Employer's Name:

Address:      Apt:

City:  State:  Zip Code:  -

Phone:  Hours From:  Hours To:

Start Date:  /  /

## Alias Information

Name:  Date of Birth:  /  /

Social Security:  -  -

Name:  Date of Birth:  /  /

Social Security:  -  -

Name:  Date of Birth:  /  /

Social Security:  -  -

## Narrative

On October 11th, 2018 Sergeant Derrick Bozeman (LP315) was dispatched to 36349 Hwy 449 Walker, LA 70785 in reference to a death. Upon arrival Sergeant Bozeman made contact with Kyle Wise. He explained that he and another work release inmate, Ronnie Francois, were attempting to unload very large steel "I" beams weighting approximately 1500 pounds, when a single beam fell from the the goose neck style trailer ultimately landing on the head of Francois, leading to his death. Wise advised that in the process of unloading the single beam, he and Francois had a disagreement regarding how to properly unload the beam. Wise stated that Francois wanted to slide the beam over with a board and Wise expressed that he wished to move the beam with the forklift.

Due to the disagreement of how to move the beam, Wise advised that he backed away from the trailer to allow Francois to move the beam with his method. He stated that he drove pass the trailer to move on to another beam, making the trailer's location to be to facing his back. He expressed that as he moved closer to the other beam he overheard a crash from behind him. He advised that he drove back over to where Francois was and discovered that the beam had landed on his head and that he was motionless. Wise then lifted the beam with the forklift off of Francois. Due to the motionless state of Francois, Wise quickly ran to the shop foreman, Joseph Buvens, and informed him of the situation and to contact "911". At this point Buvens then contacted "911".

Buvens and Wise were separated during their interviews and both accounts of the events were consistent. It shall be noted that each party did appear to be emotionally stable, however they did each appear to be in a state of shock. The Detective's Division and the Coroner's Office were each notified of the incident and later arrived on scene. Detective Joey Ballard (LP209) arrived and took over the investigation. Coroner John Marston (CO7) arrived to conduct his investigation as well. They each photographed the scene. Short there after Coroner Marston took possession of Francois' body. Let this report reflect that the district fire department were first on scene. Moments later Sergeant Bozeman along with Acadian Ambulance Services Incorporated (AASI) arrived. For any other information regarding this incident please see supplement report(s) from the Detective's Office.

Nothing further.

## Administration Information

Report Number:	1800016130002	Report Type:	SUPPLEMENT			
Report Date:	10/12/2018	Time:	1450	District/Zone:	Z1	
Address:	36379	449	HW	01	Apt:	
Report Officer 1 -	JB9629	BALLARD,JOEY	Assign Date:	10/11/2018		
Report Officer 2 -			Assign Date:			
Investigator 1 -			Assign Date:			
			Review Date:			
Investigator 2 -			Assign Date:			
			Review Date:			
Assigned By:			Review Date:			
UCR Status:	IN	UNDER INVESTIGATION	Status Date:	10/11/2018		
Case Status:	NAT	NECESSARY ACTION TAKEN	Status Date:	10/11/2018		

## Primary Offense

Offense Type:		<input type="checkbox"/> Attempted	<input type="checkbox"/> Completed		
Address:					
City:		State:		Zip:	
District/Zone:		Location Type:			
Begin Date:		Time:			
End Date:		Time:			
Lighting:		Weather:		Gang Activity:	
Bias Motive:		Premises Enter:		<input type="checkbox"/> Force Used	
Point Entry:		Point Exit:		<input type="checkbox"/> Home Inv	
Tools Used:		Entry Dir:		<input type="checkbox"/> U-Using/Consuming	
		Exit Dir:		<input type="checkbox"/> I-Pos With Intent To Sell	
				<input type="checkbox"/> X-Other	
<input type="checkbox"/> Consumed Alcohol	<input type="checkbox"/> Photo/Video	<input type="checkbox"/> Used Computer Equipment	<input type="checkbox"/> Used Drugs	<input type="checkbox"/> Prints Lifted	
Weapons:					
Comments:					

Report approved by Calvin Bowden on 10/15/2018

Property Information

- ☐ Found
- ☐ Burned
- ☐ Counterfeit
- ☐ Damaged
- ☐ Recovered
- ☐ Seized
- ☐ Stolen
- ☐ Othr/Unk
- ☒ Evidence
- ☐ Personal Property

Property Type:

PHOTOGRAPH

Brand:

OTHER

Color:

Model:

Size

Tag No:

Value:

\$1.00

Serial Number:

Date Reported:

10 / 12 / 2018

Caliber:

Identifying Characters

PHOTOS OF THE CRIME SCENE

Drug Quantity:

Unit Meas.:

Drug Type:

Quantity:

Recovery Information

Address:

36379

449

HW

01

Apt:

City:

WALKER

State:

LA

Zip Code:

Recovered By:

JB9629

BALLARD, JOEY

Recovery Value:

\$0.00

Condition

Property Information

- ☐ Found
- ☐ Burned
- ☐ Counterfeit
- ☐ Damaged
- ☐ Recovered
- ☐ Seized
- ☐ Stolen
- ☐ Othr/Unk
- ☐ Evidence
- ☐ Personal Property

Property Type:

Brand:

Color:

Model:

Size

Tag No:

Value:

Serial Number:

Date Reported:

Caliber:

Identifying Characters

Drug Quantity:

Unit Meas.:

Drug Type:

Quantity:

Recovery Information

Address:

Apt:

City:

State:

Zip Code:

Recovered By:

Recovery Value:

Condition

## Narrative

On October 11th, 2018, I, Detective Joseph Ballard was dispatched by Lt. Calvin Bowden in reference to a death that occurred at 36349 Hwy 449 Walker, LA 70785.

Upon arrival I spoke with Sergeant Derrick Bozeman and he informed me of the incident. Sergeant Derrick Bozeman advised that Kyle Wise was driving the forklift and he explained that he and Ronnie Francois was work release inmate. Kyle said they were attempting to load very large steel "I" beams weighting approximately 1500 pounds, when a single beam fell from the goose neck style trailer ultimately landing on the head of Francois, leading to his death. Wise advised that in the process of unloading the single beam, he and Francois had a disagreement regarding how to properly unload the beam. Wise stated that Francois wanted to slide the beam over with a board and Wise expressed that he wished to move the beam with the forklift.

Due to the disagreement of how to move the beam, Wise advised that he backed away from the trailer to allow Francois to move the beam with his method. He stated that he drove pass the trailer to move on to another beam, making the trailer's location to be to facing his back. He expressed that as he moved closer to the other beam he overheard a crash from behind him. He advised that he drove back over to where Francois was and discovered that the beam had landed on his head and that he was motionless. Wise then lifted the beam with the forklift off of Francois. Due to the motionless state of Francois, Wise quickly ran to the shop foreman, Joseph Buvens, and informed him of the situation and to contact "911". At this point Buvens then contacted "911".

During the investigation it was learned that Ronnie Francois and Kyle Wise were inmates and both were in the work release program. Both Kyle and Ronnie were working for B & C Industrial.

Upon arrival I observed a white male, later identified as Ronnie Francois lying face down on the ground with a red iron I-beam being lifted off of the victim's body (head) by a forklift. I also observed three boards were broken that were sticking out of the trailer that appeared to have been broken when the I-beam fell off of the trailer. During the investigation it was learned that Kyle Wise had used the forklift lifted to remove the I-beam off of Ronnie Francois and to render medical aid. Kyle then went and got the shop foreman, Joseph Buvens to call 911 for help. Both Kyle and Joseph completed voluntary statements of the incident. Numerous photographs of the crime scene were taken and they will place into evidence.

Sgt. B. Ashford asked Kyle Wise to go with him to the Detective's office to interview and Kyle agreed. Sgt. Ashford filed for a search warrant for the drawing of blood from Kyle Wise to see if there were any narcotics in his system. (See Sgt. B. Ashford supplement).

I made death notification to the sister, Debbie Contura in Pine grove La. (ph. # 225-335-4723) of Ronnie Francois. Mrs. Contura advised that she was going

## Narrative

to contact all of the appropriate people and let them know of Ronnie's death. I also had a call from Ronnie's second sister, Samantha Toups (ph. # 225-405-2186). Samantha asked what had happened and I explained the incident to her. I asked if she had a recent photo of Ronnie, so we could give it to the news, which she provided. I also was contacted by Ronnie's ex-girlfriend, Leslie Harper, which Ronnie and her had a daughter, Kathy Harper together. Leslie also was asking about the incident.

Coroner John Marston (CO7) with the Livingston Parish Coroner's Office arrived and conducts a thorough investigation. John conducted a field drug test and the drug test showed that there were no narcotics in Ronnie's system. John advised that he was going to schedule an autopsy for Ronnie Francois.

*Kyle Wise Statement:*

Kyle stated that they, Ronnie and he were loading I-Beams on a trailer. Kyle said he was on the fork lift and Ronnie was on the trailer guiding them were they needed to be placed. Kyle said Ronnie was on top of the trailer trying to adjust an I-Beam with a board. Kyle said her told Ronnie that he would us the fork lift to correct the beam, but Ronnie told him that he would get it with the board and just get the next beam. Kyle said while he was getting the next beam he heard the beam fall from the trailer and drove around and seen Ronnie on the ground with the beam on top of his head. Kyle said he drove to fork lift over and lifted the beam off of Ronnie and went got the shop foreman, Joseph Buvens to call 911 and told him about the incident.

*Joseph Buvens Statement:*

Joseph said he was in the shop welding, when Kyle came running into the shop telling him what happened and to call 911. Joseph said he immediately called 911 and 10 mins lather the fire dept. arrived. Kyle told him that Ronnie got smashed by an I-beam and he thinks he's dead.

Nothing further

Detective Joseph Ballard

## Administration Information

Report Number:	1800016130003	Report Type:	SUPPLEMENT
Report Date:	10 / 16 / 2018	Time:	09:44
Address:	36379	449	HW 01 Apt:
Report Officer 1 -	JB9629	BALLARD, JOEY	Assign Date: 10 / 15 / 2018
Report Officer 2 -			Assign Date: / /
Investigator 1 -			Assign Date: / /
			Review Date: / /
Investigator 2 -			Assign Date: / /
			Review Date: / /
Assigned By:			Review Date: / /
UCR Status:	NAT	NECESSARY ACTION TAKEN	Status Date: 10 / 11 / 2018
Case Status:	NAT	NECESSARY ACTION TAKEN	Status Date: 10 / 11 / 2018

## Primary Offense

Offense Type:		<input type="checkbox"/> Attempted	<input type="checkbox"/> Completed
Address:			
City:		State: / Zip: -	
District/Zone:		Location Type:	
Begin Date:	/ /	Time:	
End Date:	/ /	Time:	
Lighting:		Weather:	Gang Activity:
Bias Motive:		Premises Enter:	<input type="checkbox"/> Force Used
			<input type="checkbox"/> Home Inv
Point Entry:		Point Exit:	Means Entry:
Tools Used:		Entry Dir:	Exit Dir:
<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Photo/Video <input type="checkbox"/> Used Computer Equipment <input type="checkbox"/> Used Drugs <input type="checkbox"/> Prints Lifted			
Weapons:			
Comments:			

Report approved by Calvin Bowden on 10/15/2018

Property Information

- ☐ Found
- ☐ Burned
- ☐ Counterfeit
- ☐ Damaged
- ☐ Recovered
- ☐ Seized
- ☐ Stolen
- ☐ Othr/Unk
- ☒ Evidence
- ☐ Personal Property

Property Type:

Brand:

Color:

Model:

Size:

Tag No:

Value:

Serial Number:

Date Reported:  /  /

Caliber:

Identifying Characters

Drug Quantity:

Unit Meas.:

Drug Type:

Quantity:

Recovery Information

Address:      Apt:

City:  State:  Zip Code:  -

Recovered By:

Recovery Value:  Condition

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**Narrative**

*On October 15th, 2018, I, Detective Joseph Ballard was dispatched by Lt. Calvin Bowden to the East Baton Rouge Coroners Office for an autopsy .*

*On the above date I arrived at the Coroners Office in reference to an autopsy of Ronnie Francois. Pathologist Karen Ross M.D. completed a fully and thoroughly autopsy. Dr. Ross advised that the cause of death was Blunt Force Trauma with Cranial Damage ( the victims head was crushed by a 1500 lb I-Beam). Photographs were taken of the autopsy and will be entered into evidence.*

*Nothing Further*

*Detective Joseph Ballard*