The Death in Custody Reporting Act of 2013 requires states that receive allocations under specified provisions of the Omnibus Crime Control a Safe Streets Act of 1968 to report certain information regarding the death of any person in law enforcement custody. This may include individ who are detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison.

Reporting deadlines are listed below. However, you may complete the form any time during the quarter in which a death occurred, instead of waiting until due date.

Program Reports Due	Reporting Period	Quarter
January 10	October 1 – December 31	1st
April 10	January 1 – March 31	2nd
July 10	April 1 – June 30	3rd
October 10	July 1 – September 30	4th

If you have any questions or issues completing this form, please contact **Linda Gautier** at 225.342.1703.

Agency Name *

Acadia Parish Justice Center

Contact Name *

Laura (First) Breaux (Last)

Contact Phone Number *

(337)-788-8786

Contact Email *

laura@apso.org

Reporting Year *

2021

Select the Reporting Period *

- ○ 1st Quarter: October 1 - December 31
- ○ 2nd Quarter: January 1 - March 31
- ◉ 3rd Quarter: April 1 - June 30
- ○ 4th Quarter: July 1 - September 30

Decedent Information

Please provide the following decedent information. If you have multiple deaths in custody, you will report one at a time.

First Name *

Elvin

Middle Name

Last Name *

Moore

Gender *

- ◉ 1. Male
- ○ 2. Female

Ethnicity *

- ○ 1. Hispanic, Latino, or Spanish Origin
- ◉ 2. Not of Hispanic, Latino, or Spanish Origin
- ○ 3. Unknown

Birth Year (YYYY) *

1954

If unknown, please enter "9999"

Date of Death *

05/26/2021

Time of Death *

09:00

Location of Death - Location Name (if not applicable, enter N/A) *

Acadia General

This could be the name of a facility, place of business, or other designation for the location of death.

Location of Death - Street Address *

1305 Crowley Rayne Hwy

Location of Death - City *

Crowley

Location of Death - State *

LA

Zip Code *

70526

If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below. If the event causing the death did not occur in one of the facilities listed below, please use the "None of the above" answer choice. *

- ○ 1. Municipal or county jail
- ○ 2. State prison
- ○ 3. State-run boot camp prison
- ○ 4. Contracted boot camp prison
- ○ 5. Any state or local contract facility
- ○ 6. Other local or state correctional facility (to include any juvenile facilities)
- ◉ 7. None of the above

Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased. *

Acadia Parish Justice Center

Please indicate the manner of death (Mark only one). *

- ○ A. Execution
- ○ B. Accident
- ○ C. Death attributed to use of force by a law enforcement or corrections officer
- ○ D. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
- ○ E. Natural causes
- ○ F. Suicide
- ○ G. Unavailable, investigation pending
- ◉ H. Other

725 of 5000 max characters.

Submit

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Record of Death

Provided by LA Department of Public Safety and Corrections on 03/29/2022

2021

Offender Name: Elvin Moore

DOC #: 756023

Age / Race: 67 / Black

Admit Date: 4/9/2021

Sentence: 7 years

Admit Date at Last Facility: 4/9/2021

Facility / Housing Unit: Local/ Acadia PP / Dorm

Date of Death: 5/26/2021

Cause of Death: Respiratory Failure

Category of Death: COVID

Expected / Unexpected: Expected

Autopsy Ordered: No

Location: Acadia General Hospital