



71417

 1. Municipal or county jail 2. State prison 3. State-run boot camp prison 4. Contracted boot camp prison
O 3. State-run boot camp prison
O 4. Contracted boot camp prison
O 5. Any state or local contract facility
O 6. Other local or state correctional facility (to include any juvenile facilities)
O 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. *
Grant Parish Sheriff's Office
Please indicate the manner of death (Mark only one). *
O A. Execution
O B. Accident
O C. Death attributed to use of force by a law enforcement or corrections officer
O D. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
O E. Natural causes
F. Suicide
O G. Unavailable, investigation pending
O H. Other
Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.). *
On January 25, 2022, the Grant Parish Sheriff's Office arrested Gregory Brevelle, 38 years old, of Colfax, for 1st Degree Rape, Aggravated Crimes Against Nature, and Oral Sexual Battery. On January 26, 2022, deputies had interacted with Brevelle throughout the day. During routine checks, a deputy discovered that Brevelle had hung himself, using a bed sheet. Deputies immediately began C.P.R. and an ambulance was called. Brevelle was taken to a hospital, where he passed away a short time later.
0 of 5000 max characters.
Submit
WordPress Theme <u>Square</u> by HashThemes

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Location of Death - State *

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	ent information. If you have multiple deaths in custody, you will report one at a time.
First Name *	
Gregory	
Middle Name	
Lewis	
Last Name *	
Brevelle	
Gender *	
● 1. Male	
O 2. Female	
O 3. Other gender identity	
Race (Select all that apply)	
1. American Indian or Alas	ska Native
2. Asian	
3. Black or African Americ	
4. Native Hawaiian or Oth	ier Pacific Islander
5. White	
6. Unknown	
Ethnicity *	
O 1. Hispanic, Latino, or Spa	anish Origin
O 2. Not of Hispanic, Latino,	, or Spanish Origin
THE REAL PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPER	
3. Unknown	
Birth Year (YYYY) *	
Birth Year (YYYY) * 1983	
Birth Year (YYYY) * 1983 If unknown, please enter "9999"	
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death *	
Birth Year (YYYY) * 1983 If unknown, please enter "9999"	
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death * 01/26/2022	
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death * 01/26/2022	
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death * 01/26/2022 Time of Death * 18:15	
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death * 01/26/2022 Time of Death * 18:15 Location of Death - Location	n Name (if not applicable, enter N/A) *
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death * 01/26/2022 Time of Death * 18:15 Location of Death - Location Grant Parish Detention Faci	ility
Birth Year (YYYY) * 1983 If unknown, please enter "9999" Date of Death * 01/26/2022 Time of Death * 18:15 Location of Death - Location Grant Parish Detention Faci This could be the name of a facility,	place of business, or other designation for the location of death.
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INC202200141



LCLE - DEATH IN CUSTODY REPORTING ACT

71417

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LCLE - DEATH IN CUSTODY REPORTING ACT

LCLE - DEATH IN CUSTODY REPORTING ACT

The Death in Custody Reporting Act of 2013 requires states that receive allocations under specified provisions of the Omnibus Crime Control and Safe Streets Act of 1968 to report certain information regarding the death of any person in law enforcement custody. This may include individuals 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 *

Grant Parish Sheriff's Office

Contact Name *

James Watkins
First Last

Contact Phone Number *

(318)-627-3724

Contact Email *

watkins@grantso.org

Reporting Year *

2022

Select the Reporting Period *

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

https://lclelsac.com/deathincustody/

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First Name *		
Gregory		
Middle Name		
Lewis		
Last Name * Brevelle		
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O 2. Female		
O 3. Other gender identity	У	
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1983		
If unknown, please enter "9999"		
Date of Death *		metrice 770 Per Suice
01/26/2022		
Time of Death *		
18:15		
Location of Death - Loca	ation Name (if not applicable, enter N/A) *	
Grant Parish Detention		
	cility, place of business, or other designation for the location of death.	
Location of Death - Stre		
485 Richardson Dr.		
Location of Death - City	/ *	
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Colfax	The second secon	-

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