DEATH IN CUSTODY REPORTING ACT
Fiscal Year 20XX 2021

FORM DCR-1A

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE ASSISTANCE

ACTING AS COLLECTION AGENT:
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For each reportable death identified in your Quarterly Summary, please respond to all of the following questions regarding the decedent's characteristics and the circumstances surrounding the death. Information provided on this form must have originated from official government records, documents, or personnel. You will not be able to SAVE the information unless all fields are completed.

For directions on how to complete this form, please refer to the "Instructions for Completion."

DATA SUPPLIED BY:

Name: Jena C. LeMoine	Email: jena.coroner@stjamessheriff.com
Title: Records Manager	Telephone: (225)562-2506
Agency: St James Parish Sheriff's Office	Fax: (225)562-2225
State: Louisiana	Date: 9-14-2021

Decedent Name (Last, First, Middle Initial)	Date of Death	Time of Death
Carl Mckinley	9-10-2021	1518

Location of Event Causing the Death (Street Address, City, State, Zip)

University Medical Center New Orleans - 2000 Canal St., New Orleans 70112

1. **What was the decedent's sex?**
   - ☑ Male
   - ☐ Female

2. **What was the decedent's date of birth (or approximate age at death if DOB is unknown)?**
   4/27/1959
   - ☐ Unknown

3. **What was the decedent's ethnic origin? (Mark only one)**
   - ☐ Hispanic or Latino
   - ☑ Not Hispanic or Latino
   - ☐ Unknown

4. **What was the decedent's race? (Mark all that apply)**
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☑ Black or African American
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White
   - ☐ Other
   - ☐ Unknown

5. **What location category best describes where the event causing the death occurred? (Mark only one)**
   - ☐ Residence/home
   - ☐ Law enforcement facility
   - ☐ Business – please specify type: _____
   - ☑ Other – please specify: Hospital (COVID-19)
   - ☐ Unknown

6. **Law enforcement agency that detained, arrested, or was in the process of arresting the deceased:**
   St James Parish Sheriff's Office

7. **Facility Type (if applicable):**
   - ☑ Municipal or County Jail
   - ☐ State Prison
   - ☐ State-Run Boot Camp Prison
   - ☐ Contracted Boot Camp Prison
   - ☐ Any State or Local Contract Facility
   - ☐ Other Local or State Correctional Facility (to include any juvenile facilities)

8. **Brief description of the circumstances surrounding the death:**
   - ☐ Natural causes
   - ☑ Other – please specify: COVID-19