Record of Death

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

2020

Offender Name: Connie Brown

DOC #: 605053

Age / Race: 26/B

Admit Date: 3/1/2016

Facility / Housing Unit: Madison CC

Date of Death: 10/10/2020

Cause of Death: Pending/Homicide-Stabbed

Expected / Unexpected: Unexpected

Autopsy Ordered: Yes

Location: Madison CC

Form C-05-001-X
14 May 2018

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name:

DATE OF REPORT: 10-12-20

TO: James M. Le Blanc
Secretary

FROM: Damon Williams BSN RN
Unit Head or Designee
DON
Title

RE: Brown, Connie
Offender's Name
605053
Offender's DOC #

Age: 26

Manner of Death: (Please check one of the following boxes)

☐ Expected ☒ Unexpected

Autopsy: Requested.

Medical Diagnosis: Homicide

NARRATIVE:

On 10-10-20 during an altercation in dorm 3C, offender Connie Brown received a single stab wound to the right side of the upper sternal area of the chest causing his death. Madison Parish Coroner Dr. Thomas Neumann pronounce dead at 0930. A autopsy was ordered. The suspect is offender Jonathan Price 718506, who was turned over to the Madison Parish Sheriff.

CID0010 - 00030

October 10, 2020

To: James McCormick
Director of Operations

Arthur Anderson
Warden

Re: Inmate Connie Brown W/M #605053

Inmate Connie Brown B/M 605053 - DOB 2-12-94 - 2nd Offender PWID Marijuana Tangipahoa Parish

The following is a timeline of the death in custody:

9:22 pm	Capt. John Murray notified Warden Arthur Anderson
9:25 pm	Warden Anderson notified Director James McCormick
9:23 pm	AW Chris Stinson notified by Lt. Fred Fletcher
9:40 pm	Maj. Steven Chase notified by Lt. Fred Fletcher
9:24 pm	Lt. Fred Fletcher notified 911 that EMS services were needed at MCC
9:29 pm	Northeast Ambulance Service on site
9:24 pm	Lt. Fletcher notified Madison SO
9:30 pm	Madison Parish Sheriff Dept. on site
9:33 pm	AW Stinson spoke with Warden Anderson re. death
9:50 pm	Detective Bub Rash on site for investigation of death
9:20 pm	Coroner Dr. Tommy Neuman on site
9:30 pm	Chief Deputy Chad Eazell and Det. Feldon Moore on site
9:30 pm	Dr. Tommy Neuman pronounced inmate death
10:30 pm	La. DOC Duty Officer Amanda Ammann notified by AW Stinson
10:04 pm	Maj. Chase notified inmate's emergency contact Gleasie Hooper (985) – 662-6696 / Mother
10:10 pm	Dr. Neuman notified Beckwith Funeral Home / Tallulah to pickup the body. Also, he notified Louisiana Forensics / Brousard, La. and has ordered an autopsy
10:55 pm	Beckwith Funeral Home picked up the body
11:15 pm	Madison Parish Detectives have arrested inmate Jonathan Price #718506 for 2nd degree murder. Inmate was returned to MCC and placed in administrative lockdown. Also, (2) inmates who have

Form C-05-001-X-1
26 April 2018

Medical Summary Report for a Deceased Offender

(Must be submitted within 72 hours of death excluding weekends and holidays)

DATE: 10/14/2020

TO: DPS&C Medical/Mental Health Director

FROM: Elijah Boothe, FNP-C
Medical Director or Treating Physician

FACILITY: Madison Correctional Center

Name/DOC#: Connie Brown / DOC# 605053

Age/DOB: 61 / [redacted]

Date of Death: 10/10/2020

Place of Death: Madison Correctional
(Facility)

(Other)
(Attach ER, D/C summary, Hospital notes, etc.)

Medical Conditions: [redacted]

MAR: [redacted]

Medical Summary: [redacted]

Autopsy: ☐ No ☐ Yes

Manner of Death:
☐ Expected
☑ Unexpected
☐ Suicide
☐ Accident
☑ Homicide

[signature] FNP-C
Physician Signature

10/14/2020
Date

0945 AM
Time

HDQ Medical Director's Signature

Date

Time

Comments:

ACCIDENT OR INCIDENT REPORT CI201010-WBM 30

(Report all accidents or incidents even if no apparent injury)

T NAME	FIRST NAME	MIDDLE NAME	COTTAGE	WORK DETAIL	DATE OF BIRTH
Brown	Cenaic		3C-75		[redacted]

e of accident or incident 10-10 20 22 Time 2040 a.m. p.m. Place 3C

s is necessary to notify physician? yes ✓ no _____ Time of notification 2115

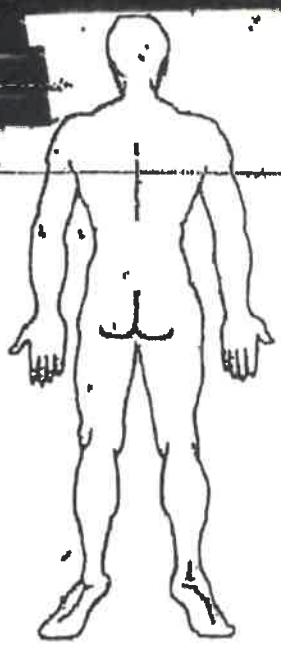
me of physician Ebeltoft Name of other offender/staff involved Souther Price

Room Confinement ☐ Use of Force ☐ Altercation (3S) ☐ Accident ☐ Post Restraint ☐ Protective Custody

[redacted]

lustrate on the diagram position or place of injury





Date report written 10-11 20 22 Time 0800 a.m. p.m. Signed Kylee Nelson
PHYSICIAN OR NURSE

INJURY REPORT - Employee/Inmate

LA[redacted]LE

Injury	Date of Injury		Incident Number
Man	10-10-20	☐ Major ☐ Deadly ☑ None	CI20100-MPM GD
Print Name		**Rank/Title OR Inmate Number/Custody**	
Brown Conrad		605053	

EXAMINATION

1. **Did employee / inmate complain of injury?** ☐ No ☑ Yes **If Yes, describe:** stab wound to chest

2. **Was the employee / inmate examined on site?** ☑ Yes ☐ No **If No, explain:**

3. **Was the employee / inmate injured during the incident?** ☐ No ☑ Yes, (If Yes, place x / beside each area of the body that was injured).

☐ Abdomen/Stomach - 1	☐ Buttocks - 5	☐ Face - 9	☐ Head - 13	☐ Leg(s) - 17	☐ Pelvis - 21
☐ Ankle(s) - 2	☑ Chest - 6	☐ Foot/Feet - 10	☐ Hip(s) - 14	☐ Neck - 18	☐ Genital area - 22
☐ Arm(s) - 3	☐ Ear(s) - 7	☐ Groin - 11		☐ Shoulder(s) - 19	
☐ Back - 4	☐ Eye(s) - 8	☐ Hand(s) - 12	☐ Knee(s) - 16	☐ Wrist(s) - 20	

4. **Indicate the extent of injury to each area of the body noted above (enter the "body area number" by the type of injury; one type of injury may have more than on "body area number" noted):**

☐ Abrasion	☐ Cut	☐ Heart Attack	☑ Puncture
☐ Amputation	☐ Dermatitis	☐ Heat Exhaustion	☐ Rupture
☐ Bite	☐ Dislocation	☐ Hernia	☐ Scratch
☐ Bruise	☐ Dizziness/Faintness	☐ Inflammation	☐ Shock
☐ Burn	☐ Foreign Object in Eye	☐ Internal Injuries	☐ Sprain
☐ Closed Head Injury	☐ Fracture	☐ Nausea	☐ Strain
☐ Confusion	☐ Hearing Loss	☐ Open Head Injury	☐ Exposed to Communicative Disease

5. **Injury Severity Codes (√ the one that most aptly describes the highest level of injury noted above)**

☐ Minor (one-time treatment/observation)	☐ Serious	☑ Death

6. **Medical Staff Who Performed Examination *(Printed Name/Title)***

Kyle Ewing

TREATMENT

1. **Was the employee or inmate treated for injuries?**

☑ Yes ☐ No **If No, Explain Why:** ☐ Refused ☐ Other *(explain)*

If Yes, describe treatment:

[redacted]

Treated at: ☐ Inmate's Living Area ☑ Unit Infirmary ☐ Hospital *(name)* ☑ Other (specify): EMS

2. **If Medical Treatment was NOT provided, explain why? (I.e. *Inmate was combative, Inmate refused, etc.*)**

RESPONSE TO PUBLIC RECORDS REQUEST PAGE 10

INJURY REPORT - Employee/Inmate

LASALLE

Incident Report Number CI20101O-WPM30

ACKNOWLEDGEMENT			
I Acknowledge I Administered the Medical Examination		I Acknowledge I Administered Medical Treatment	
Signature	Date	Signature	Date
K. Erwin (DN	10-11-20	K. Erwin (DN	10-11-20
I Acknowledge I was Examined by Medical Staff		Because treatment was due to injuries received during this incident, a copy of this Injury Report has been forwarded to the Safety Officer/or HR Dept.	
Signature	Date	Signature	Date

Form 2.15-5 (06-2020)

INJURY REPORT - Employee/Inmate

Page 3 of 3

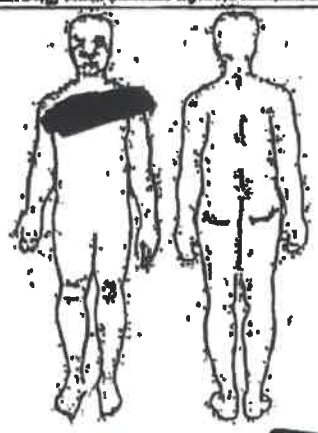
MOS	10-10-20	2040	CT201010-MPM 30

PHOTOGRAPHS

Supervisor shall attach all PHOTOGRAPHS here.

MEDICAL DIAGRAMS/DESCRIPTION OF INJURY

Medical Staff shall indicate injuries sustained during the incident by marking diagrams and providing a brief description below.





Brief Description [redacted]

Brief Description

DESCRIPTION PROVIDED BY

Printed Name/Title	Signature	Date
Kyle Ewing MD	Kyle Ewing MD	10-11-20

Form 2.15-5 (06-2020)

Initial Incident Report

Page 1 of 1

LASALLE CORRECTIONS

Nature of Incident

Critical Incident Reported		Reported by: (Name/Title)	Facility
Date	Time		
10-10-2020	20:36 p.m.	Sergeant Reuben Fletcher	MPM

Nature of Incident- Use the Incident Number and Name from Chart 1 of Policy LSC 2.15 Note: If Incident Involves UOF, list both Incident Numbers (ex- 2.2 Use of Force, 2-9 Physical Inmate Confrontations):

Death 1-1

Short Synopsis of What Occurred *(List officers and inmates involved, date, time and what occurred)*

On Saturday, October 10, 2020 at around 20:36 p.m., I, Sgt. Reuben Fletcher was called over the radio by c/o Kayla Lewis to MCC Dorm C, 1, Sgt. Reuben Fletcher entered Control 1 to access the incident in the dorm. I, Sgt. Reuben Fletcher along with c/o Esco Tillman escorted inmate Connie Brown #605053 out of the dormitory because he was bleeding from his chest because he had been stabbed.

Injuries *(List any injuries or state "none")*

One single stab wound to the chest area

Priority Level:	Person who Determined Incident Level:	Chronological Number Format: (Year/Month/Day/Incident Number for that month) Ex: 19/MM/DD/0001 for the first report filed in December of 2019. Each month starts with 0001
☑ 1 ☐ 2 ☐ 3	Sergeant Reuben Fletcher	CY/MM/DD/0030

Telephone Notifications Made by Supervisor or Designee

Name of Individual making notifications listed below:

Notification	Name of Person Notified	Time	Date	Notified By
Warden./Jail Admin.	Arthur Anderson	9:20 p.m.	10-10-2020	Sergeant Reuben Fletcher
Assistant Warden	Chris Stenson	9:20 p.m.	10-10-2020	Sergeant Reuben Fletcher
Chief of Security	Major Steven Chase	9:20 p.m.	10-10-2020	Sergeant Reuben Fletcher
Local Law Enforcement	Madison Parish Sheriff's Department	9:23 p.m.	10-10-2020	Sergeant Reuben Fletcher

Jurisdictional Notifications

If other jurisdictions of inmates involved

	Time	Date	Notified By

List Jurisdictions Requesting Report

	Time	Date	Sent By

Initial Verbal Notification to the Director of Operations

Name of Person Notified	Time	Date	Notified By
James McCormick		10-10-2020	Warden Arthur Anderson

Initial Person Reporting

Signature of Reporting Person	Title	Date	Facility
	Sergeant	10-10-2020	MPM

Form 2.15-1 (06-2020)

Facility and Executive Review

LASALLE CORRECTIONS

SECTION 1. Facility Review Report (To be Completed by Facility Warden/Jail Administrator or Designee)

TO: Director of Operations *(Please Print Name)*> James MCCormick CI201010-MPM30FN

FROM: Facility Warden/Jail Admin or Designee *(Please Print Name)*> Arthur Anderson

A review was conducted on the matter of deceased offender Connie Brown. On october 10, 2020 MCC main control operator Kayla lewis radioed for security staff to 10-19 to MCC C_dorm in reference to an altercation that was occuring inside of the dorm with several ofender and Connie Brown being one . After entering the mentioned dorm security staff noticed offender Brown was bleeding from the chest area. They immediately escorted him onto the hallway and observed he had been stabbed one time to the upper chest area. At approximately 2040hrs Sgt Rueben Fletcher notified the on call nurse Kyle Erwin and he arrived on scene at approximately 2103hrs. At approximately 2116hrs EMT were notified that we needed medical assistance and they arrived on scene EMT professionals attempted to revive the deceased and to no avail. Afterwards Dr. Thomas Neuman (Coroner) was notified and after he arrived on scene he pronounced offender Connie Brown dead at approximately 2130hrs. Due to this was now being treated as a homecide Madison Parish Sheriffs Department was notified and di arrive on scene to begin an investigation. There were two other offenders that were involved in the altercation that had been physically assualted as well . Offenders Dequincy Jones and Deshaundrick Dawson who after being questioned by investigators were transported to Madison Parish Hospital due to multiple stab wounds as well. Bot offenders spoke with investigators seperately and identified offender Johnathan Price as the assailant in the murder of offender Brown. After the fact offender Price was restrained and escorted to the wardens office where he was questioned as well. Offender Price was then escorted to Madison Parish Sheriffs Annex where he was rebooked and charged with Second Degree Murder and afterwards escorted back to MCC where he was placed in a one man cell.

Attach continuation page(s) if needed, using form 2.15-4, Continuation Sheet **Continuation Pages Used, No.**

Prepared By	Signature	Date
Steven Chase		10-11-2020

Send completed Facility Review Report and Incident Packet to:
Your Director of Operations and Critical Incident Reporting Office at clrdqrings@lasallecorrections.com

SECTION 2. Executive Review *(To be completed by Director of Operations or Designee)*

Attach continuation page(s) if needed, using form 2.15-4 Continuation Sheet. **Continuation Pages Used, No.**

Printed Name	Signature	Date