Sgt. Amber Bowlen
Ouachita Parish Correctional Center
4801 Hwy 165 By-Pass
Monroe, LA 71202

To: XXXXXXX
From: Sgt. Amber Bowlen
RE: Requested Public Information Deaths in Custody

Mr. XXXXX,

The listed below are persons who have died while incarcerated in Ouachita Correctional Center (OCC) and the Ouachita Parish Men's and Women's Transitional Work Programs for the years of 2021 to 2022 as of 10/19/2022. This request includes all offenders who died while in official custody of the requested facilities regardless of location of death.

The facility no longer completes official CJ-9s or CJ-9As after the end of 2019. We provide death in custody information to our assigned state administrating agency (SAA) which is the Federal Grants Section Manager for Louisiana Commission on Law Enforcement (LCLE). The SAA is then responsible for entering the information in the BJA's online Performance Measurement Tool (PMT). A blank copy of the information the SAA requires from the facility is contained in an attached printout from the new LCLE reporting site. In lieu of CJ-9s, I provided the information for each death in custody for the time period requested below including 2021 up until 10/19/22. Dates of birth are redacted due to them being identifiers in the presence of medical information.

Thank you,

Sgt. Amber Bowlen

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Ouachita Parish Sheriff's Office
Ouachita Correctional Center

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1. Andre McWilliams
    a) Age: 42
    b) Race: Black
    c) Gender: Male
    d) Date of Death: 9/29/2021
    e) Booking/Transfer Date: 8/26/2021
    f) Facility: OCC
    g) Legal Status: Felony Pre Trial
    h) Cause of Death: Illness
    i) Illness Type (if applicable): [redacted]

2. Jeffery Rawls
    a) Age: 58
    b) Race: White
    c) Gender: Male
    d) Date of Death: 11/4/2021
    e) Booking/Transfer Date: 8/19/2021
    f) Facility: OCC
    g) Legal Status: Felony Pre Trial
    h) Cause of Death: Illness
    i) Illness Type (if applicable): [redacted]

3. Derrick Johnson
    a) Age: 48
    b) Race: Black
    c) Gender: Male
    d) Date of Death: 9/15/2022
    e) Booking/Transfer Date: 9/1/2022
    f) Facility: OCC
    g) Legal Status: Felony Pre Trial
    h) Cause of Death: Pending autopsy results
    i) Illness Type (if applicable): Pending autopsy results

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Data Summary:

Ouachita Correctional Center (OCC)

Deaths in Custody for 2021: 2
Deaths in Custody for 2022 as of 10/19/2022: 1

Ouachita Parish Men's Transitional Work Program (MTWP)

Deaths in Custody for 2021: 0
Deaths in Custody for 2022 as of 10/19/2022: 0

Ouachita Parish Women's Transitional Work Program (WTWP)

Deaths in Custody for 2021: 0
Deaths in Custody for 2022 as of 10/19/2022: 0

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

Agency Name *

Contact Name *

First Last

Contact Phone Number *

Contact Email *

Reporting Year *

Select the Reporting Period *

- O 1st Quarter: October 1 - December 31
- O 2nd Quarter: January 1 - March 31
- O 3rd Quarter: April 1 - June 30
- O 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 *

Middle Name

Last Name *

Gender *

- O 1. Male
- O 2. Female
- O 3. Other gender identity

Race (Select all that apply) *

- ☐ 1. American Indian or Alaska Native
- ☐ 2. Asian
- ☐ 3. Black or African American
- ☐ 4. Native Hawaiian or Other Pacific Islander
- ☐ 5. White
- ☐ 6. Unknown

Ethnicity *

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

Birth Year (YYYY) *

YYYY

If unknown, please enter "9999"

Date of Death *

MM/DD/YYYY

Time of Death *

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

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

Location of Death - Street Address *

Location of Death - City *

Location of Death - State *

LA

Zip Code *

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" option. DEATH IN CUSTODY REPORTING ACT

- O 1. Municipal or county jail
- O 2. State 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. *

Agency Name

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
- O 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.). *

limit of 5000 characters.

0 of 5000 max characters.

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