Record of Death

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

2020

Offender Name: Kendell Reed

DOC #: 574613

Age / Race: 34/B

Admit Date: 12/12/2013

Facility / Housing Unit: Madison CC

Date of Death: 9/2/2020

Cause of Death: Suspected OD - autopsy & tox pending

Expected / Unexpected: Unexpected

Autopsy Ordered: Yes

Location: Madison Hospital

Sept. 3, 2020

To: James McCormick / Director of Operations
Arthur Anderson / Warden

From: Chris Stinson / Asst. Warden

Re. Kendell Reed B/M #574613

The following is a timeline of this offender's death in custody:

On 9-2-2020 at 1740 hrs. Capt. John Murray responded to noise in Bldg. 4 L/D B. Nurses Kyle Erwin and Amanda Stewart were already on site speaking with offender Kendell Reed. While speaking to the inmate he stated that he hurt and fell to the floor.

Per Capt. Murray's request, Sgt. Germaine Stewart called 911 requesting ambulance services.

Capt. Murray notified Maj. Steven Chase at app. 1755 hrs. of this incident.

Maj. Chase notified Warden Arthur Anderson at 1802 hrs.

Maj. Steven Chase notified AW Chris Stinson at 1803 hrs.

EMS Northeast La. Ambulance arrived on site Bldg. 4 at 1803 hrs.

AW Stinson on site Bldg. 4 at app. 1816 hrs.

EMS services departed at app. 1830 hrs. enroute to Madison Hospital.

Maj. Steven Chase on site Bldg. 4 at app. 1806 hrs.

Warden Anderson notified Mr. McCormick at 1911 hrs.

Offender was pronounced deceased by attending Madison Hospital ER doctor at 2343 hrs.

Warden Anderson notified of death at 2344 hrs.

Maj. Chase notified Chief Deputy Eazell of death at 2344 hrs.

AW Stinson notified of death at 2345 hrs.

Warden notified Mr. McCormick of inmate's death at 2343 hrs.

AW Stinson notified La. DOC Duty Officer Faith DuFour of death at 2349 hrs.

Maj. Chase notified James McCormick via email of offender's death at app. 0108 hrs. / 9-3-2020.

Beckwith Funeral Home picked up his body at app. 0240 hrs. 9-3-2020.

Madison Sheriff's Deputies Chad Eazell and Brandon Pilcher on site Bldg. 4 on 9-3-2020 at app. 0900 hrs. for investigation.

Louisiana Forensics / Broussard, La. retrieved the body at app. 1030 hrs. on 9-3-2020 for autopsy purposes.

Initial Incident Report

Page 1 of 1

LASALLE CORRECTIONS

Nature of Incident

Critical Incident Reported		Reported by: (Name/Title)	Facility
Date	Time		
09-02-20	1740 HRS	MARCUS MEADOWS/LIEUTENANT	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, 2-8 Physical Inmate Confrontations)

1-8 Accident or Injury-Serious, 2-8 Physical Inmate Confrontations-Serious

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

On 9-02-20 at approximately 1740 hrs C/O Kamaria Jackson called I, Lieutenant Marcus Meadows about a fight offenders Michael Handford and Kendall Read #574613 in B-lockdown SCC Building #4. When I entered B lockdown cell alone with others officers Kendal Read said that him and Michael Handford were in a fight Nurse Kyle Erwin and Amanda Stewart was already on the hall of building #4 (SCC). Both [redacted] Read. Both offenders was talking at their own will and nothing seem to be a problem. Until offender Kendall Read began to breathe rapidly. [redacted] Stewart immediately called the Paramedics. Offender Kendal Read became unresponsive. The paramedics arrived on building #4 SCC hall at approximately 1803 The paramedics exit building #4 SCC at approximately 1807 enroute to Madison Parish Hospital. At approximately 1830 offender Michael Handford was enroute to Madison Parish Hospital with C/O Tamarea Carpenter. Offender Handford stated to feel tired and oxygen level was at 88. [redacted]

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

None

Priority Level	Person who Determined Incident Level	CI Report Number Format [YearMonthDate (hyphen) Unit three letter character abbreviation, sequential number for month] (last 2 sequential digits begin at 01 each month)	CI 200902- MPM06 IN
☑1 ☑2 ☐3	Lieutenant Marcus Meadows		CIYYMMDD - XXX00

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	7:22pm	9-02-20	Lieutenant Marcus Meadows
Assistant Warden	Chris Stinson	7:22pm	9-02-20	Lieutenant Marcus Meadows
Chief of Security	Major Steven Chase	7:22pm	9-02-20	Lieutenant Marcus Meadows
Local Law Enforcement	Chad Ezell	6:26pm	9-02-20	Lieutenant Marcus Meadows

Jurisdictional Notifications *(List all jurisdictions of inmates involved)*	Time	Date	Notified By
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

List Jurisdictions Requesting Report

	Time	Date	Sent By
N/A	N/A	N/A	N/A

Initial Verbal Notification to the Director of Operations

Name of Person Notified	Time	Date	Notified By
James McCormick	7:11PM	9-02-20	Warden Arthur Anderson

Initial Person Reporting

Signature of Reporting Person	Title	Date	Facility
Marcus Meadows Lt.	LT	9-02-20	MPM

Form 2.15-1 (06-2020)

Supervisor Summary of Incident

LASALLE CORRECTIONS

Facility	Incident Date/Time	Type of Force Used	Incident Report Number
MPM	9-2-20/17:40hrs	☐ Major ☐ Deadly ☑ None	CI200902-MPM06

The Supervisor will complete the following, using as much detail as possible (e.g. List all actions you took as a supervisor and all you witnessed during the incident). This is a detailed report of the incident and not a short Synopsis as reported in the Initial Report (2.15-1). If you need additional pages to complete your statement, use form 2.15-4 Continuation Page.

STATEMENT

Print Your Name	Date of Report	Time of Report
John Murray	9-3-20	01:34hrs
Rank/Title	**Location Where Incident Occurred**	
Captain	SCC Lock Down (Cell-B)	

On September 2nd at approximately 17:40hrs here at SCC Building-4, I Captain John Murray was in the Captain's office when I heard a commotion coming from down the hall. I Capt. Murray then entered the hallway of SCC and noticed nurse Kyle Erwin along with nurse Amanda Stewart standing around talking to offender #574613 Kendall Reed who was laying on the floor complaining that his side was hurting. I Capt. Murray then ask the nurses what was going on and observed for about two or three minutes of the nurses assisting offender Reed when [redacted] and I Capt. Murray notified Sgt. Germaine Stewart to call 911. The paramedics arrived at 18:03hrs entering SCC placing offender Kendall Reed on the stretcher to be transported to Madison Parish hospital. However, before the paramedics exited the compound with offender Reed [redacted]. Afterwards, the paramedics exited the compound along with C/O Kemario Jackson riding along to the hospital. I Capt. Murray then entered back inside the building going back down the hall and noticed the nurses talking with offender Michael Handford [redacted] I Capt. Murray then instructed C/O Terrance Carpenter to get some restraints. After receiving the restraints, offender Handford was shackled and placed in a wheel chair to be transported to Madison Parish hospital. C/O Eric Wilson along with C/O Carpenter escorted offender Handford out of the building to get ready to transport the offender when he then vomited in front of the building before getting in the van. The officers afterwards exited the compound with offender Handford transporting the offender to Madison Parish Hospital. Lt. Devario Banks later informed me at 21:13hrs that offender Michael Handford would be returning shortly, but offender Reed condition [redacted] Capt. Murray conducted an investigation speaking with offender Michael Handford on his return from Madison Parish hospital. Offender Michael Handford stated when questioned about what took place inside the lock down unit that he was asleep when offender Kendall Reed began attacking him. Offender Handford stated that the confrontation lasted about 30 seconds when offender Reed slipped on the food tray and fell to the floor. Afterwards, offender Handford stated the officers entered inside the unit asking what was going on between the two offenders when offender Reed started complaining about feeling pain. It was also said by offender Michael Hanford that he and offender Reed had taken something then later contradicted himself saying that it was something dealing with the food that wasn't right. I Capt. Murray also spoke with offender #699315 Kyle Johnson who was offender Kendall Reed cellmate about 30minutes prior to the incident due to offender Reed having to be moved due to having a verbal altercation with offender Johnson. Offender Johnson when questioned about his altercation with offender Reed stated that Reed seemed a bit off and wasn't himself acting different. However, offender Johnson said that offender Reed wanted him out the cell and the two almost had a physical altercation before he asked the officers to remove him from the cell with offender Kendall Reed. I Capt. Murray after conducting the investigation was informed at 22:44hrs that offender Kendall Reed would have to be transported by helicopter to Little Rock, Arkansas but was later pronounced dead at 23:43hrs by C/O Carpenter before being transferred. End of Report.

Attach continuation page(s) if needed, using form 2.15-4 Continuation Sheet. ☐ **Number Continuation Pages Used**

Supervisor Summary of Incident

LASALLE CORRECTIONS

Incident Report Number CI200902-MPM06

If force was used, does information in this report indicate excessive or unnecessary force was used against an offender under 18 years of age?

☑ No ☐ Yes (If Yes, Provide required notification information below)

Contact Agency	Print Name of Person Contacted	Person Making Contact	Date/Time Contact Made
Law Enforcement Agency	Chad Ezell	Major. Steven Chase	9/2/20-6:26PM
Department of Family and Protective Services	N/A	N/A	N/A

NOTE: When a UOF is involved, all Employees and Inmate Participants must be examined.

Were all employee(s) and inmate(s) immediately examined by Medical Staff if required? (Attach form 2.15-5 for each person examined.)

☐ Yes ☑ No **If no, why Not?** N/A

If Medical Staff was not on site who contacted the "on call" Medical Staff	Name/Title of Medical Staff Member contacted *(Please Print)*	Date/Time Contacted
Marcus Meadows	Erwin Klye (LPN)	9/2/20- 17:40HRS

Employee Participants/Witnesses *(Please Print) Complete form 2.15-7 or 2.15-9 for each Employees Listed*

Last Name	First Name	MI	Rank
Murray	John		Capt.
Meadows	Marcus		Lt.

Supervisor Summary of Incident

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LASALLE CORRECTIONS

Incident Report Number CI200902-MPM06

Inmate Participants/Witnesses *(Please Print) Complete form 2.15-B or 2.15-3 for each Inmate Listed*

Last Name	First Name	MI	Custody	Number
Reed	Kendall		DOC	574613
Handford	Micheal		Pre-Trail	

Will Any Inmate be charged with a disciplinary offense	☐ Yes ☑ No
Was Incident Video Taped? ☐ Yes ☑ No	**If YES, Name/Rank of Video Tape Operator**
If NO, why not? Camera waent not working	

Attach continuation page(s) If needed, using form 2.15-4 Continuation Page ☐ **Number Continuation Pages Used**

ACKNOWLEDGEMENT

To the best of my knowledge, the information submitted is complete and accurate.

Signature	Date
Capt. John Murray	9/2/20

Form 2.15-2 (06/2020)

INJURY REPORT - Employee/Inmate

LASALLE

Facility	Incident Date	Type of Force Used	Incident Report Number
MCM	9-2-20	☐ Major ☐ Deadly ☑ None	

Print Name	Rank/Title OR Inmate Number/Custody
Reed, Kendell	574613

EXAMINATION

1. **Did employee / inmate complain of injury?** ☐ No ☑ Yes **If Yes, describe:** [redacted]

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 a √ 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):**

[redacted]	Abrasion	Cut	Heart Attack
	Amputation	Dermatitis	Heat Exhaustion
	Bite	Dislocation	Hernia
		Dizziness/Faintness	[redacted]
	Burn	Foreign Object in Eye	Internal Injuries
	Closed Head Injury	Fracture	Nausea
	Contusion	Hearing Loss	Open Head Injury

[redacted]	Puncture		
	Rupture		
	Shock		
	Sprain		
	Strain		
	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 Emily RN

TREATMENT *(Complete this section if employee/inmate sustained injuries or requested 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)* MFH ☑ Other (specify): EMS

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

Form 2.15-5 (06-2020)

Incident Report Number

Acknowledgement	
I Acknowledge I Administered the Medical Examination	
Signature	**Date**
K Erwin CAN	9-3-20
I Acknowledge I was Examined by Medical Staff	
Signature	**Date**

I Acknowledge I Administered Medical Treatment	
Signature	**Date**
K Erwin CAN	9-3-20
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**

Form 2.15-5-(06-2020)

INJURY REPORT - Employee/Inmate

LASALLE CORRECTIONS

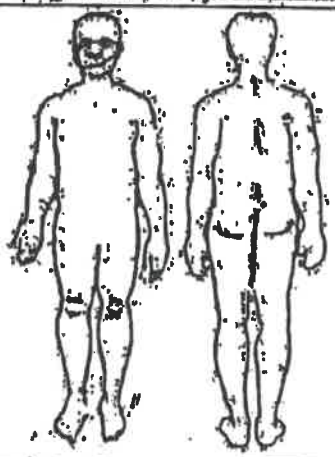
M&M	9.2.20	1745	

PHOTOGRAPHS

Supervisor shall attach all PHOTOGRAPHS here.

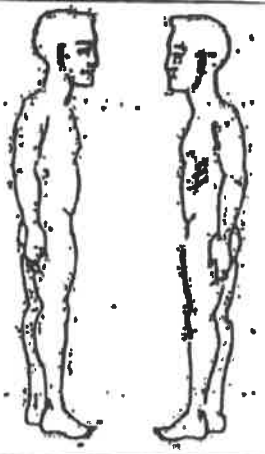
MEDICAL DIAGRAMS/DESCRIPTION OF INJURY

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
[redacted]	[redacted]	9.3.20

ACCIDENT OR INCIDENT REPORT

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

NAME	FIRST NAME	MIDDLE NAME	COTTAGE	WORK DETAIL	DATE OF BIRTH
Reed	Kendell		440 B		[redacted]

Date of accident or incident 9-2 20 20 Time 1745 a.m. (p.m.) Place 440B

Was is necessary to notify physician? yes ✓ no _____ Time of notification 1755

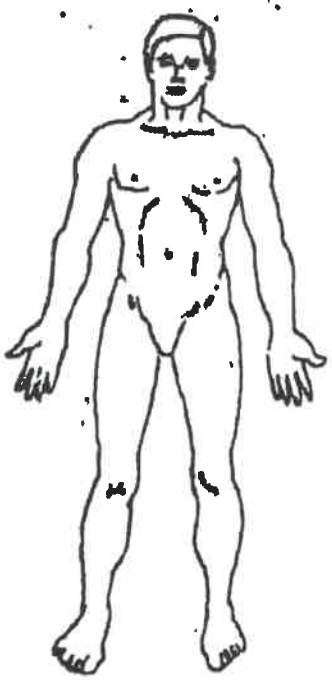
Name of physician E. Boothe, PNP Name of other offender/staff involved _____

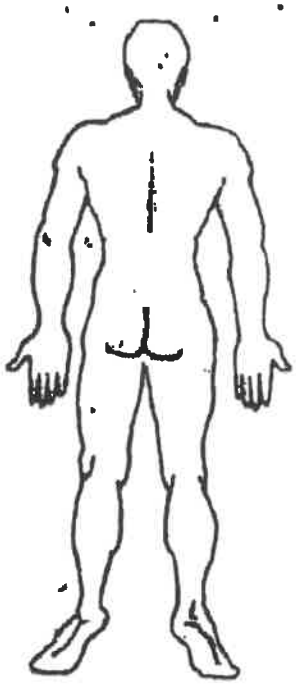
☐ Room Confinement ☐ Use of Force ☑ Altercation (36) ☐ Accident ☐ Post Restraint ☐ Protective Custody

Offender seen by medical after fighting another offender in the lockdown cell. Offender appears high. Offender sustained [redacted]

[redacted] "Offender transported" to APH-62 "via" ambulance [illegible]

Illustrate on the diagram position or place or injury [redacted]





Date report written 9-3 20 20 Time 0630 a.m. (p.m.) Signed [illegible]

PHYSICIAN OR NURSE