Record of Death

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

2020

Offender Name: Robert Thomas

DOC #: 479075

Age / Race: 35/B

Admit Date: 7/5/2016

Facility / Housing Unit: Madison CC

Date of Death: 9/22/2020

Cause of Death: Pending (Possible overdose)

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: 9-22-20

TO: James M. Le Blanc
Secretary

FROM: Damon Williams RN DON
Unit Head or Designee
Director of Nursing
Title

RE: Robert Thomas
Offender's Name
479075
Offender's DOC #

Age: 35

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

☐ Expected ☒ Unexpected

Autopsy: Yes

Medical Diagnosis: unexpected, suspected drug overdose.

NARRATIVE:

On 9-22-20 Offender Robert Thomas was found unresponsive in his bunk by fellow inmates. He was brought to control and officers were notified. The MCC medical staff was called, [redacted] the Madison Parish Sheriff Office, ambulance, and the Coroner Dr. Thomas Neumann were also notified. The Coroner pronounce him dead at 0635, 9-22-20. His body was picked up by Beckwith Funeral Home at 0730. The autopsy was ordered by Dr. Neumann to be picked up by Louisiana Forensics. Mary Thomas the mother of Offender Thomas was notified by Major Steve Chase. Offender Thomas [redacted]

Madison Correctional Center
Southern Correctional Center

Sept. 23, 2020

To: James McCormick
Director of Operations

Arthur Anderson
Warden

Re. Robert Thomas B/M #479075

Robert Thomas B/M DOC #479075 / DOB 2-8-85 / SS# 438-61-1777 / Livingston Parish
Arrived @ Madison CC on 7-25-2017 / 4th Offender / 2nd Degree Murder / 35 yr. sentence.

Timeline of offender Robert Thomas #479075 death in custody:

5:46 am	Maj. Steven Chase notified by Capt. John Murray/MCC Shift Captain that offender Robert Thomas was unresponsive.
5:55 am	Warden Anderson notified by Capt. Murray.
5:56 am	Capt. Murray notified Madison Parish Sheriff Dept.
5:57 am	AW Chris Stinson notified of possible offender death by Maj. Steven Chase.
5:59 am	Northeast Ambulance Service arrived on site.
6:00 am	LPN Kyle Erwin arrived on site.
6:23 am	Warden Anderson notified Sheriff Sammy Byrd.
6:26 am	Warden Anderson notified James McCormick.
6:35 am	Coroner Tommy Neuman pronounced offender's death.
6:40 am	DON Damon Williams arrived on site.
6:42 am	AW Stinson notified La. DPS & C Duty Officer Camile Morgan of offender death.
7:10 am	Beckwith Funeral Home on site.
7:16 am	Beckwith Funeral Home left with offender's body.
7:32 am	Blake LeBlanc/DOC Mental Health staff phoned asking requesting information re. the offender's death.
8:52 am	Maj. Chase spoke with offender's mother, Mary Thomas, and let her know of his death.
2:16 pm	Robert Thomas body picked up by Louisiana Forensics for autopsy purposes.

ACCIDENT OR INCIDENT REPORT

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

ME	FIRST NAME	MIDDLE NAME	COTTAGE	WORK DETAIL	DATE OF BIRTH
Thomas	Robert		45-13		2-8-35

e of accident or incident 9-22 20 22 Time 0551 a.m. p.m. Place 4D

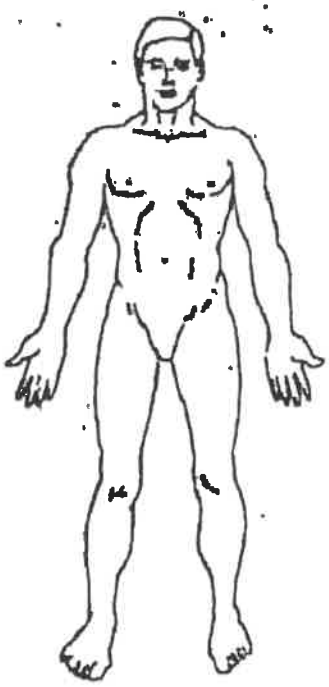
s is necessary to notify physician? yes ✓ no _____ Time of notification 0645

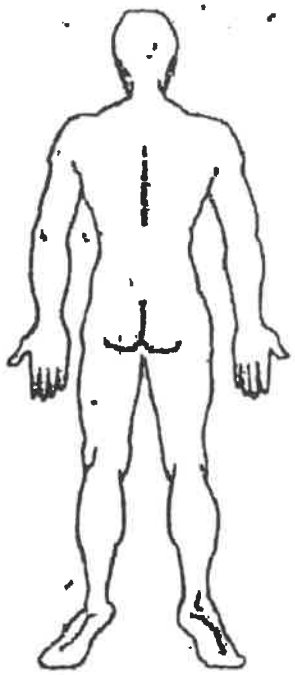
me of physician E. Beathiefnp Name of other offender/staff involved 0625 Nurse

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

Offender found unresponsive by staff during first chow. 911 called. Upon EMS arrival offender was found to be deceased. Sheriff's office notified. Coroner notified. Prison FNP notified. ~K. Erwin

Illustrate on the diagram position or place or injury





Date report written 9-22 20 22 Time 0715 a.m. p.m. Signed K Erwin
PHYSICIAN OR NURSE

INJURY REPORT - Employee/Inmate

Facility	Incident Date	Type of Force Used	Incident Report Number
MCN	9-22-20	☐ Major ☑ Deadly ☐ None	

Print Name	Rank/Title OR Inmate Number/Custody
Thomas Robert	479075

EXAMINATION

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

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):

☐ 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
☐ Contusion	☐ Hearing Loss	☐ Open Head Injury	☐ Exposed to Communicable 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 Edwards

TREATMENT

1. Was the employee or inmate treated for injuries?

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

If Yes, describe treatment:

Paramedics called.

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

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

Form 2.15-5 (01-2020)

LASALLE CORRECTIONS

Incident Report Number

ACKNOWLEDGEMENT			
I Acknowledge I Administered the Medical Examination.		I Acknowledge I Administered Medical Treatment	
Signature	Date	Signature	Date
[signature]	9-22-20		
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 (02/18)

INJURY REPORT - Employee/Inmate

Page 3 of 3

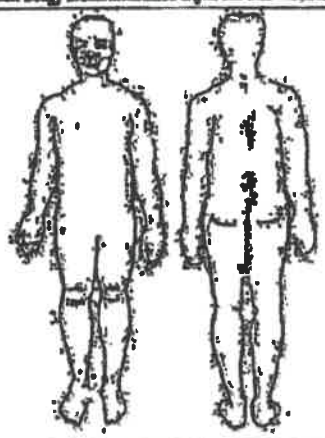
MC	9-22-20	0551	

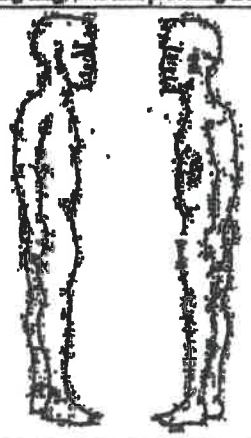
PHOTOGRAPHS

Supervisor shall attach all PHOTOGRAPHS here.

MEDICAL/DENTAL/DISPOSITION OF INJURY

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





Brief Description	Brief Description
[redacted]	

DESCRIPTION PROVIDED BY

Printed Name/Title	Signature	Date
Kyle Fox LPN	Kyle Fox	9-22-20

Form 2.15-5 (01-2020)