RECEIVED 11/07/2019 09:25AM

Form C-05-001-X
14 May 2018

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name: Richland Parish Detention Center

DATE OF REPORT: 11/7/19

TO: James M. Le Blanc
Secretary

FROM:
Unit Head or Designee Kindra Vaughn LPN
Title Medical Directer

RE:
Offender's Name William Richardson
Offender's DOC #

Age: 28

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

☐ Expected ☑ Unexpected

Autopsy: Obtained Pending Autopsy Report estimate six weeks

Medical Diagnosis: Essentially Healthy

NARRATIVE:

Offender Richardson was involved in Altercation. Richardson had multiple stab wounds/lacera to the Chest, Back, head, face, and stomach area. Multiple rounds of CPR/AED machine administere Along with Breaths administered via Ambu bag. AED machine read NO Rhythm. EMS arrived on scene and Transported offender Ochsner hospital. Offender expired @ 1824. End of Report

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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: 11-7-19

TO: DPS&C Medical/Mental Health Director

FROM: K. Vaughn LPN Medical Director
Medical Director or Treating Physician

FACILITY: Richland Parish Detention

Name/DOC#: William Richardson

Age/DOB: 28 Date of Death: 11-6-19

Place of Death: Ochsner hospital-monroe
(Facility) (Other)

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

Medical Conditions: Essentially Healthy

MAR: Ø meds

Medical Summary: Offender William Richardson was involved in Altercation on November 6, 2019 @ approximately 1711 Hours I, Kindra Vaughn LPN was notified. approximately 1712 Hours made Contact to offender richardson. Richardson was laying on Back in hallway Awake/Alert. Richardson able to answer Questions with yes/No. Richardson was diaphoretic. With Shallow Breaths Pulse Thready. Vitals 107/72 Pulse 52 resp 15. Richardson had multiple Stab wounds/ lacerations noted. Areas include Head, Lip, Chest, Back, Stomach. Applied O2 @ 3L via nasal cannula. Richardson 159-90-48B lost pulse CPR Started by LT T. Franks @ Approximately 1725.

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Approximately 1726 Aed pads placed on Richardson by I. K. Vaughn LPN. AED machine reads NO Rhythm. CPR continued while waiting on Ems which was notified @ Approximately 1714. Ems arrived Approximately 1730. AED/CPR continued Ems placed 12 lead EKG reads NO Rhythm. Ems/DO/Nursing Staff assisted each other preparing Richardson for transportation Approximately 1742 Ems out of facility with Richardson on stretcher & secured. C/O Smart with Ems and attender Richardson. At Approximately 1824 Attender William Richardson C/O Smart notified Warden Miller @ Approx 1830, CSP conducting Investigation. End of Report IC. Vaughn LPN Medical Director

Autopsy: ☐ No ☑ Yes

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

[signature] Physician Signature — 11-7-19 Date — 1537 Time

Kindra Vaughn LPN HDQ Medical Director's Signature — 11-7-19 Date — 1537 Time

Comments:

Form C-05-001-W-1
24 July 2018

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Category A, B, C Incidents)

INSTITUTION: Richland Parish Detention Center

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
WILLIAM RICHARDSON		UNIT II HALLWAY	11/06/2019	APPROXIMATELY 1711 hrs

LOCATION OF INCIDENT	WITNESSES
G DORM	

TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

Category A Incidents:

- ☐ Escape
  - ☐ Escape from inside a secure facility
  - ☐ Escape from outside a secure facility
- ☒ Death other than from natural causes/illness
  - ☐ Accident
  - ☒ Violence
  - ☐ Suicide
  - ☐ Suspicious or unknown cause
  - ☐ Execution
- ☐ Assault resulting in life threatening injury
  - ☐ Offender on staff
  - ☐ Offender on offender
  - ☐ Staff on offender
- ☐ Staff injured in the line of duty resulting in life-threatening injury (excluding assaults)
- ☐ Other
  - ☐ Significant property damage
  - ☐ Significant disruption to unit operations/loss of control (e.g. hostage situation, work stoppage of ten or more [offenders or staff], riot, natural disaster, necessity of tact team/outside assistance, lockdown of all or part of the facility)
  - ☐ Large scale evacuation of all or significant part of the facility
  - ☐ Any other significant/high profile incident as determined by the Unit Head

Category B Incidents:

- ☐ Attempted escape
- ☐ Apprehension of escapee
- ☐ Death from natural causes/illness
- ☐ Gunshot, Class I
- ☒ Assault resulting in significant injury
  - ☐ Offender on staff
  - ☒ Offender on offender
- ☐ Staff injured in the line of duty resulting in significant injury (excluding assaults)
- ☐ Suicide attempts
- ☐ Hunger strike
  - ☐ Individual hunger strike
  - ☐ Organized hunger strike
- ☐ Employee arrest (arrested or charged with criminal behavior, other than traffic offense)
  - ☐ Job-related employee arrests
  - ☐ Not job-related employee arrests
- ☐ Other
  - ☐ Minor disruptions to unit operations (e.g. lockdown of a group of offenders, significant water outages, small fires, limited property damage)
  - ☐ Small-scale evacuations (e.g. evacuations from a housing unit, gym, kitchen, school, office building, etc.)
  - ☐ Any other small-scale/minor incident as determined by the Unit Head. If, due to the nature of the incident, it cannot be immediately determined if the incident is a Category A or B incident, it should be reported as a Category A incident.
  - ☐ Self-mutilation which resulted in significant injury

Category C Incidents:

- ☐ Violation of Rule No. 21, Sex Offenses
  - ☐ 21.A Nonconsensual sexual act (offender-on-offender)
  - ☐ 21.B Abusive sexual act (offender-on-offender)
  - ☐ 21.C Sexual misconduct (offender-on-offender)
  - ☐ 21.D Sexual misconduct (offender-on-staff or offender-on-non incarcerated person)
  - ☐ 21.E Obscenity
  - ☐ 21.F Other prohibited sexual behavior (offender-on-offender, offender-on-staff, or offender-on-non-incarcerated person)
  - ☐ 21.G Overt display of affection
  - ☐ 21.H Failure to report any improper advances made by an employee on an offender
- ☐ Gunshot (Class II)
- ☐ Assault resulting in minor injury or no injury
  - ☐ Fight (offender-on-offender)
  - ☐ Throwing of substance (offender-on-offender)
  - ☐ Throwing of substance (offender-on-staff)
  - ☐ Other assault (offender-on-offender)
  - ☐ Other assault (offender-on-staff)
  - ☐ Weapon offender-on-offender)
  - ☐ Weapon (offender-on-staff)
- ☐ Suicide Gesture
- ☐ Hunger strike (both individual and organized)
- ☐ Use of Force
  - ☐ Immediate use of force

		☐ Planned use of force ☐ Cell extractions ☐ Taser® ☐ Chemical agents

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

ON NOVEMBER 06, 2019 AT APPROXIMATELY 1711 HRS I, KINDRA VAUGHN LPN RECIEVED A CALL FROM F & G INTERLOCK STATING MEDICAL WAS NEEDED TO HALLWAY ASAP. AT THIS TIME I AND TERRI KLICK NP WERE CONDUCTING DOCTOR VISIT IN MEDICAL DEPARTMENT OF UNIT II. WE IMMEDIATELY STOPPED CLINIC LOCKED MEDICAL DOOR AND AT APPROPRIATELY 1712 HRS MADE CONTACT WITH OFFENDER WILLIAM RICHARDSON AT THIS TIME OFFENDER RICHARDSON WAS LAYING IN HALLWAY AT THE DOORWAY OF CELL 16 ACCOMPANIED BY LT FRANKS, C/O STANSBURY, OFFENDER RABURN AND OFFENDER DONALD THOMPSON OFFENDER RICHARDSON WAS COVERED IN BLOOD. OFFENDER HAD A LARGE LACERATION TO THE LEFT UPPER LIP. OFFENDER RICHARDSON WAS AWAKE, ALERT AND ORIENTED AT THIS TIME. OFFENDER RICHARDSON WAS DIAPHORETIC WITH SHALLOW BREATHS NOTED BUT, ABLE TO ANSWER QUESTIONS WITH YES OR NO ANSWERS. T.KLICK NP ASKED OFFENDER RICHARDSON IF HE KNOWS WHAT HAPPENED RICHARDSON STATED YES. T.KLICK, NP, ASKED WERE YOU HIT WITH SOMETHING RICHARDSON STATED YES. T.KLICK, NP, ASKED OFFENDER HAVE YOU TAKEN ANYTHING TODAY OFFENDER RICHARDSON STATED NO. T KLICK, NP, ASKED HAVE YOU BEEN STABBED RICHARDSON STATED YES. NOTED WAS A PEN SIZE PUNCTURE TO THE RIGHT BREAST BELOW NIPPLE THAT WAS SLIGHTLY BLEEDING ON OFFENDER RICHARDSON. OFFENDER RICHARDSON ALSO APPEARED TO HAVE BLOOD NOTED TO THE BACK OF THE HEAD AT THE BASE OF THE SKULL. APPROPRIATELY 1714 HRS ADVISED C/O GOODMAN TO CALL FOR AMR. VITALS 107/72 PULSE 52 RESP 15. APPROXIMATELY 1715 HRS OXYGEN APPLIED AT 3L VIA NASAL CANNULA. +PULSE THREADY EQUAL HAND GRASPS. OFFENDER RICHARDSON WAS UNCOMFORTABLE AS EVIDENCE. RICHARDSON COULD NOT STAY STILL HE REPEATEDLY TRIED MOVING TO DIFFERENT POSITIONS. APPROXIMATELY 1718 HRS OFFENDER RICHARDSON STATED PLEASE GET ME TO A HOSPITAL. OFFENDER RICHARDSON WAS ADVISED AMBULANCE IS ON WAY AND WILL TRANSPORT TO HOSPITAL. APPROXIMATELY 1720 HRS MAE PUPILS PINPOINT WITH SLUGGISH RESPONSE. STILL RESPONDING TO NURSE/NP. APPROXIMATELY 1722 HRS RICHARDSON IS COUNTING BACKWARDS FROM 10-1 WITH OFFENDER RABURN AND OFFENDER THOMPSON. OFFENDER COMPLETED 3 SETS OF COUNTING FROM 10-1 BACKWARDS. APPROXIMATELY 1724 HRS RICHARDSON GOT AN ERECTION, STOPPED TALKING AND BOTTOM JAW FELL OPEN. BILATERIAL HANDS CONTRACTED INWARD TO THE CHEST. AT THIS TIME NO PULSE PRESENT. LIPS BLUE WITH GASPING RESP. APPROXIMATELY 1725 HRS CPR STARTED BY LT. FRANKS. I, KINDRA VAUGHN LPN STEPPED TO INTERLOCK H AND I INTERLOCK AND GOT THE AED MACHINE. APPROPRIATELY 1726 HRS INITATED AED MACHINE NO HEART RHYTHM. T.KLICK, NP, IS PRESENT AT RICHARDSONS HEAD WITH AMBU BAG ADMINISTERING 2 BREATHS AFTER 30 COMPRESSIONS. LT FRANKS CONTINUED CPR. APPROPRIATELY 1728 HRS I, KINDRA VAUGHN, LPN, CHANGED PLACES WITH LT FRANKS AND CONTINUED CPR AFTER NO RHYTHM AGAIN T.KLICK PRESENT AT RICHARDSON HEAD ADMINISTERING BREATHS VIA AMBU BAG. APPROXIMATELY 1730 HRS AED STATED NO RHYTHM CPR CONTINUED. NELA ARRIVED ON COMPOUND AT APPROXIMATELY 1730 HRS. APPROXIMATELY 1731 HRS EKG ATTACHED TO

RICHLAND PARISH DETENTION CENTER

MEMO/COMMENTS	DATE :11/07/2019

ON NOVEMBER 6, 2019 AT APPROXIMATELY 1711 HOURS I, KINDRA VAUGHN LPN RECIEVED A CALL FROM F AND G INTERLOCK STATING MEDICAL WAS NEEDED. OFFENDER WILLIAM RICHARDSON WAS LAYING ON BACK IN HALLWAY. EMS REQUESTED. RICHARDSON WAS AWAKE AND ALERT ABLE TO ANSWER QUESTIONS FOR APPROXIMATELY 10ISH MINUTES. OFFENDER HAS MULTIPLE STAB WOUNDS AND LACAERATIONS. OFFENDER THEN LOST PULSE GASP FOR BREATH LIPS TURNED BLUE. CPR STARTED APPROXIMATELY 1725 HOURS BY LT FRANKS. I, KVAUGHN LPN PLACED AED PADS AND INITIATED AED MACHINE. EMS ARRIVED AND TRANSPORTED OFFENDER TO OCHSNER HOSPITAL. OFFENDER LATER EXPIRED APPROXIMATELY 1824 AT OCHSNER HOSPITAL. END OF REPORT. KVAUGHN LPN

RICHARDSON READS NO RHYTHM. APPROXIMATELY 1732 HRS AED STATES NO RHYTHM. CPR CONTINUED BY EMS DYANNA SMART. APPROXIMATELY 1734 HRS EKG/AED SHOWED NO RHYTHM. APPROXIMATELY 1735 HRS OFFENDER PLACED ON BACKBOARD CPR CONTINUED ONCE ON BACKBOARD BY I, K.VAUGHN, LPN. APPROXIMATELY 1737 HRS AED/EKG SHOWED NO RHYTHM, OFFENDER RICHARDSON TRANSFERRED TO STRECHER. CPR WAS CONTINUED. T.KLICK, NP, STAYED AT HEAD OF RICHARDSON AND CONTINUED TO PROVIDE 2 BREATHS AFTER 30 COMPRESSIONS. MEDICAL STAFF AND OFFICERS GATHERED SUPPLIES AND ONCE THIS ROUND ENDED OF CPR AED/EKG SHOWED NO RESPONSE NO RHYTHM. RICHARDSON WAS STRAPPED TO STRECHER AND PREPARED FOR TRANSPORT. APPROXIMATELY 1742 HRS OFFENDER RICHARDSON WAS LOADED INTO NELA WITH D.SMART AND C/O SMART PRESENT ALONG WITH PARAMEDIC. WARDEN MILLER NOTIFED DOC HEADQUATERS. LATER C/O SMART NOTIFIED WARDEN MILLER OFFENDER WILLIAM RICHARDSON 157-90-4873 EXPIRED AT 1824 HRS AT OCHSNER UNIVERISTY HEALTH- MONROE, LA. PER DOC, THE CHAPLIN NEEDED TO MAKE A NOTIFICATION CALL TO OFFENDER RICHARDSON'S EMERGENCY CONTACT RONINA BROW. THE CHAPLIN CAME AND NOTIFIED FAMILY MEMBER RONINA. RPDC, RPSO AND LSP REMOVED ALL OFFENDERS FROM G DORM AND SEARCHED EACH OFFENDER AND G DORM. LSP IS CONDUCTING AN INVESTIGATION. END OF REPORT K.VAUGHN LPN

K. Vaughn LPN
REPORTING OFFICER

11-7-19
DATE COMPLETED

0151
TIME COMPLETED

AUTOPSY REPORT

Case No: LA-492-19

Date of Examination: November 7, 2019

Name: Richardson, William

Age: 28 years

Race: Black

Sex: Male

Investigating Agency: Richland Parish Coroner's Office

FINDINGS:

I. Multiple, inflicted sharp force injuries.
   a. Puncture wound of left chest.
      i. Wound path: through skin, soft tissue, left 5th rib, pericardial sac, and right ventricle.
      ii. Hemopericardium.
      iii. Left hemothorax.
   b. Multiple incised wounds of scalp and face.
   c. Scattered, superficial incised wounds and abrasions of shoulders, back, right hand, and right lower leg.

CAUSE OF DEATH: Multiple inflicted sharp force injuries.

OPINION:

This 28-year-old male, William Richardson, died due to multiple inflicted sharp force injuries.

According to investigative reports provided by the Richland Parish Coroner's Office, Mr. Richardson was an inmate being housed at the Richland Parish Detention Center. He was apparently attacked.

Autopsy revealed a well-developed, well-nourished adult male with multiple sharp force wounds to the chest, face, head, shoulders, and back. The most significant wound was a puncture wound of the left chest that extended through the skin, soft tissue, rib cage and heart to puncture the right ventricle of the heart. Associated with this wound was significant internal bleeding.

Toxicology analysis was negative; no ethanol (alcohol) or drugs of abuse were detected.

Jennifer Forsyth, M.D.
Forensic Pathologist

Frank J. Peretti, M.D.
Forensic Pathologist

EXTERNAL DESCRIPTION:

The body was that of a well-developed, well-nourished, black, adult male. Inflicted injury will be described below. The body was received unclad and without personal belongings. The body measured 72 inches in length and weighed 180 pounds. The body appeared consistent with the stated age of 28 years. The body was cool. Rigor mortis was fully developed. Faint livor mortis was present on the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair was black and measured approximately 1 cm in length. There was a black beard and mustache present. The irides were brown. The conjunctivae and sclerae showed no petechial hemorrhages or other significant changes. The external ears were unremarkable. The nasal passages and mouth were clear. The teeth were natural and in good repair. The neck was symmetric and without masses or unusual mobility. There was no evidence of injury to the neck. The chest was normally developed and generally symmetric with injury to be described below. The abdomen was flat. The external genitalia were those of a normally developed adult male with bilateral descending testes. The upper and lower extremities were normally developed and generally symmetric. The hands were grossly unremarkable with no absence of digits. There was brown staining of the left thumb and index finger consistent with nicotine staining. Superficial injury of the hands will be described below. There were numerous tattoos on the neck, chest, abdomen, upper extremities and lower extremities. No needle tracks or wrist scars were present. Examination of posterior body surfaces revealed a symmetric back and buttocks. The anus was without evidence of injury or abnormality.

EVIDENCE OF MEDICAL ATTENTION:

A strapped oral tracheal tube was present. Defibrillator pads and EKG tabs were present on the torso. An intravascular catheter had been inserted into the right and left antecubital fossae. A chest tube had been inserted into the lateral aspect of the left chest. A Foley catheter was in place with no urine in the attached collection device.

EVIDENCE OF OLD INJURY:

None.

EVIDENCE OF RECENT INJURY:

Head:

On the right forehead was a superficial, incised wound measuring 0.9 cm in length. On the right parietal scalp was an incised wound measuring 1.5 cm in length that extended into the subgaleal soft tissues. On the vertex of the scalp was a 2 cm, superficial, incised wound. On the posterior aspects of the head was a puncture-type wound that extended through the subgaleal soft tissues without causing fracture of the underlying calvarium. There was an incised wound of the left occipital region measuring 2.5 cm in length that extended to the underlying skull

without causing fracture. On the left upper lip was an incised wound measuring 1.1 cm in length. There was no evidence of injury within the cranial cavity.

Torso:

On the right upper shoulder were two, superficial, puncture-type wounds and scattered superficial, linear abrasions in an area measuring 8 x 10 cm. On the left posterior back and shoulder were superficial, linear abrasions and superficial incised wounds in an area measuring 12 x 14 cm. On the left back was a superficial, incised wound measuring 2.5 cm in length. On the left lower back was a superficial, linear abrasion which was discontinuous measuring 10 cm in length. On the left upper chest was a superficial, round, abrasion measuring 0.2 x 0.2 cm which did not extend beyond the dermal layers. On the left medial chest was a puncture wound measuring 0.3 x 0.2 cm. This wound path extended through the skin, soft tissue, left 5th anterior rib, pericardial sac, to perforate the anterior aspect of the right ventricle of the heart. Associated with this wound was hemopericardium of 100 ml and a left hemothorax of 1900 ml. The left lung was atelectatic.

Extremities:

On the dorsal right hand was a superficial, puncture-type wound measuring 0.4 cm in greatest dimension. On the right lower left was superficial abrasion in an area measuring 2 x 9 cm.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1.5 cm. Hemopericardium and hemothorax have been described. There was diffuse visceral pallor.

CARDIOVASCULAR SYSTEM:

Injury to the pericardial sac and heart have been described. The heart weighed 380 grams. The heart was of normal size, shape, and configuration. The coronary arteries arose normally and followed the usual course and were widely patent. There was no significant atherosclerosis or evidence of thrombosis. The cardiac valves, papillary muscles and chordae tendineae were unremarkable. The endocardium was unremarkable. The cut surface of the myocardium was predominately tan-brown in color with focal hemorrhage surrounding the puncture site described above. The atrial and ventricular septa were intact. The aorta and vena cava were unremarkable.

RESPIRATORY SYSTEM:

The right lung weighed 610 grams. The left lung weighed 290 grams. The left lung was atelectatic. The pulmonary arteries were normally developed, patent, and without evidence of thrombi, emboli, or other gross abnormalities. The upper and lower airways were clear of debris and foreign material. Hilar lymph nodes were non-prominent. Cut surfaces of both lungs revealed normal respiratory parenchyma with no evidence of mass lesion, hemorrhage, or inflicted injury.

NECK:

Examination of neck structures, including strap muscles, thyroid gland and large vessels, revealed no abnormalities or hemorrhage. The larynx and hyoid bone were intact. The epiglottis and vocal cords were unremarkable.

ALIMENTARY TRACT:

The tongue was without hemorrhage or other abnormalities. The esophagus was lined by intact gray-tan mucosa. The stomach contained approximately 250 ml of partially digested food fragments and was lined by intact, gray-tan mucosa with normal rugal folds. Serosal surfaces of the small and large bowel were intact and unremarkable. The rectum and anus were without evidence of injury or abnormality.

LIVER AND PANCREAS:

The liver weighed 1730 grams and was covered by an intact capsule. Cut surfaces were a uniform tan-brown color and of normal consistency. No focal abnormalities were present. The gallbladder contained a normal amount of bile and was lined by an intact velvety mucosa. The extrahepatic biliary tree was patent. Periportal lymph nodes were non-prominent. The pancreas was of normal size and conformation, displaying the usual lobulated gray-tan appearance. The pancreatic ducts were patent. Peripancreatic lymph nodes were non-prominent.

GENITOURINARY SYSTEM:

The left kidney weighed 120 grams. The right kidney weighed 120 grams. Each was covered by an intact capsule which stripped with ease. Cortical surfaces of the kidneys were brown-tan and smooth. Cut surfaces revealed brown-red cortex of normal thickness. A distinct corticomedullary junction was present. The calyces, pelves and ureters were unremarkable. The urinary bladder contained no urine and was lined by intact, gray-tan mucosa. The prostate was of normal size and appeared unremarkable on cut surface.

IMMUNOLOGICAL SYSTEM:

The spleen weighed 170 grams and was covered by an intact capsule. Cut surfaces were red-purple in color with a normal consistency. The white pulp was non-prominent. No focal abnormalities were present. Lymphadenopathy was not identified. The thymus was not identified.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands were free of obvious disease.

MUSCULOSKELETAL SYSTEM:

Injury has been described. There were no other abnormalities of the musculoskeletal system. No gross bone or joint abnormalities were present. The cervical, thoracic, and lumbar spine were free of hemorrhage and other abnormalities.

CENTRAL NERVOUS SYSTEM:

Injury to the scalp has been described. The calvarium and basilar skull were intact. There was no epidural, subdural, or subarachnoid hemorrhage present. The brain weighed 1710 grams. The leptomeninges were thin and clear. The cerebral gyri were normally formed and showed no focal lesions. Structures at the base of the brain, including cranial nerves and major blood vessels, were intact and unremarkable. Serial coronal sections of the cerebral hemispheres revealed symmetry between anatomic structures of the left and right sides, with no focal changes present. Cut surfaces of the brainstem and cerebellum were unremarkable.

NMS Labs
200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 11/25/2019 16:08

To: 10885
Dr. Frank Peretti
8710 Faulkner Lake Road

North Little Rock, AR 72117

Patient Name	RICHARDSON, WILLIAM
Patient ID	LA492-19 RICHLAND
Chain	30241889
Age	28 Y
Gender	Male
Workorder	19347574

Positive Findings:

None Detected

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
80428	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	10 mL	11/07/2019	Cardiac Blood	
002	Gray Top Tube	8 mL	11/07/2019	Cardiac Blood	
003	Red Top Tube	2 mL	11/07/2019	Vitreous Fluid	

All sample volumes/weights are approximations.

Specimens received on 11/12/2019.

Detailed Findings:

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed

Workorder 19347574 was electronically signed on 11/25/2019 15:23 by:

Erik Flail, B.A.
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time-of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.
Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Form C-05-001-W-2
NOVEMBER 7 2019

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES
UNUSUAL OCCURRENCE REPORT
(Miscellaneous)

INSTITUTION: Richland Parish Detention Center

NAME	NUMBER	DORM OR CELLBLOCK	DATE OF INCIDENT	TIME OF INCIDENT
William Richardson	- -		11/08/19	Apporx. 1230

LOCATION OF INCIDENT	WITNESSES
Medical	Terri Klick NP

TYPE OF INCIDENT - CHECK APPROPRIATE BOXES

- ☐ Accidents
  - ☐ Employee Accident
  - ☐ Offender Accident
  - ☐ Vehicle Accident
- ☐ Contraband
  - ☐ Inside Facility
  - ☐ Outside Facility
- ☐ Drug Screen
- ☐ Maintenance
- ☒ Medical
- ☐ Mental Health
- ☐ Protection Request
- ☐ Security Inspections
- ☐ Shakedowns
  - ☐ Routine
    - ☐ Staff ☐ Visitor ☐ Offender
  - ☐ Target
    - ☐ Staff ☐ Visitor ☐ Offender
- ☐ Use of Tact Team and Chase Team as outside assistance

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL INFORMATION IF NEEDED)

On 11/8/2019 at approximately 12:30 hours, I, Medical Director Kindra Vaughn, and T. Klick, NP, were reviewing required documentation to be faxed to DOC, when T Kilck advised me of an error in the UOR. The Uor stated that the offender William Richardson had a pen sized puncture wound to the right breast, but the actual wound was to the left breast.

End of Report

K. Vaughn 11-8-19 1409 hours

Fax

To:	Richland Detention Center- Medical	**From:**	DOC-Headquarters Medical Director Dr. Morrison
Fax:	225-342-1329	**Pages:**	5
Phone:	225-342-1320	**Date**	11/07/2019
Re:	Information Requested	**cc:**	

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Can you please complete the attached forms. Standard Death Report and Medical Summary Report, also include UOR and MAR. All reports can be faxed back to my office or email to rachelesocbar@corrections.state.la.us

Thank you

RECEIVED 11/07/2019 09:25AM

Department of Public Safety & Corrections
State of Louisiana
Secretary's Office

JOHN BEL EDWARDS
GOVERNOR

JAMES M. LE BLANC
SECRETARY

MEMORANDUM

TO: Richland Detention Center- Medical

FROM: John Morrison, MD
Medical/MH Director – DPS&C HDQ

DATE: November 7th, 2019

RE: DOC Offender Death Reporting

In order to remedy accurate numbers of DOC deaths reported by the Bureau of Justice Statistics, my office will report the death of offender William Richardson #_____ to BJS and this death should not be reported to BJS by your facility. If you have any questions, feel free to email my administrative coordinator Rachel at rachelescobar@corrections.state.la.us or fax 225-342-1329. You may also call my office at 225-342-1320 with any questions.

Thank you