LCLE - DEATH IN CUSTODY REPORTING

First Name *

Bobby

Middle Name

Last Name *

Bigger

Gender *

- (●) 1. Male
- ( ) 2. Female
- ( ) 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
- [x] 5. White
- [ ] 6. Unknown

Ethnicity *

- ( ) 1. Hispanic, Latino, or Spanish Origin
- (●) 2. Not of Hispanic, Latino, or Spanish Origin
- ( ) 3. Unknown

Birth Year (YYYY) *

1963

If unknown, please enter "9999"

Date of Death *

07/10/2021

Time of Death *

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

Ochsner Acadia General Hospital

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

Location of Death - Street Address *

1305 Crowley Rayne Hwy,

Location of Death - City *

Crowley

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Zip Code *

70526

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" answer choice. *

- ○ 1. Municipal or county jail
- ○ 2. State prison
- ○ 3. State-run boot camp prison
- ○ 4. Contracted boot camp prison
- ○ 5. Any state or local contract facility
- ○ 6. Other local or state correctional facility (to include any juvenile facilities)
- ◉ 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. *

Acadia Parish Justice Center

Please indicate the manner of death (Mark only one). *

- ○ A. Execution
- ○ B. Accident
- ○ C. Death attributed to use of force by a law enforcement or corrections officer
- ○ D. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
- ◉ E. Natural causes
- ○ F. Suicide
- ○ G. Unavailable, investigation pending
- ○ 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 t death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other contex related to the death, etc.). *

ON 07/10/2021 AT 0830 MR. BIGGER WAS FOUND BLUE IN THE FACE AND UN-RESPONSIVE PER CELL MATES, FACILITY STAFF CALLED TO TIER AND CPR INITIATED PER L. BERTRAND, LPN, SGT. JEFFERY ROSE AND SGT TESHA THERIOT, O2 STARTED IMMEDIATELY AT 3L/NC. MR. BIGGER HAD NO PULSE AND WAS TAKING BREATHS IN EVERY 20-30 SECONDS. AMBULANCE ARRIVED AT 0841AND CONTINUED CPR MEASURES. AMBULANCE EXITED WITH MR. BIGGER AT 0924 AND TRANSPORTED TO AGH-ER WHERE HE WAS PRONOUNCED DEAD PER HOSPITAL STAFF A 0938.

0 of 5000 max characters.

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