Morehouse Parish Sheriff's Office

Incident Report

Complaint #: 15-000373

Incident Seq #: 1

Summary

Case Status:	UNDER INVESTIGATION	**Clearance Type:**	OTHER EXCEPTION
		Clearance Date:	1/24/2015

Description:

Date/Time From:	1/24/2015 11:03:00 AM	**To:**	1/24/2015 11:03:00 AM
Reported:	1/24/2015 11:03:00 AM	**Date Closed:**	
Reviewed By:		**Review Date:**	

Incident Counts:

Victims:	0	**Offenses:**	0	**Offenders:**	0				
Associates:	1	**Property (Incl Vehicles:)**			0				
Vehicles:	0	**Stolen Vehicles:**	0	**Recovered Vehicles:**	0				
Arrests:	0	**Stolen Property:**	0	**Recovered Property:**	0	**Supplementals:**	1		

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Complaint

Received:	1/24/2015 11:03:00 AM	**Dispatched:**	1/24/2015 11:03:00 AM	**Priority:**	0
Arrived:	1/24/2015 11:03:00 AM	**Cleared:**	1/24/2015 11:03:00 AM		
How Received:	PHONE	**How Handled:**	OFFICER DISPATCHED		
Location Dispatched:	MPSO JAIL				

Complainants:

TAVARIOUS MONTGOMERY				[redacted]	
N/A					
City:		**State:**		**Zip:**	

Officers:

CHRIS THIRDKILL	OFFICER DISPATCHED

Description:

DEATH

Associates

Associate No:	1			**Association:**	OTHER		
Name:	OLLIE BROWN			**Age:**	52	**DOB:**	[redacted]962
Race:	BLACK/AFRICAN	**Sex:**	MALE			**SSN:**	[redacted]
Ethnicity:		**Employer:**					
Address:	517 GUICE 828 Todd						
City:	BASTROP	**State:**	LOUISIANA			**Zip:**	71220-0000

Interviewed:	False	**Statement Taken:**	False
DL Number:		**DL State:**	

Phones:

#1:		**Ext:**		**Type:**	
#2:		**Ext:**		**Type:**	

Comments:

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Supplementals

Supplemental No:	1		
Reporting Officer:	CHRIS THIRDKILL	**Reporting Date:**	1/24/2015
Reviewing Officer:		**Review Date:**	

Narrative:

Our office received a call from the Morehouse Parish Jail staff in reference to a medical emergency. I arrived at the location and spoke with Deputy Janice Robinson, who stated Sgt. Montgomery was in lockdown with Inmate Ollie Brown. Deputy Robinson advised Inmate wasn't responding. I entered lockdown, and observed Sgt. Montgomery, and Nurse Goodwin performing CPR on Inmate Brown. I stood by until MedLife Ambulance Service arrived. Deputy Coroner James Mardis arrived at the location. Inmate Brown body was picked up by Golden's Funeral Home to be taken to Little Rock, Arkansas for an autopsy. I later spoke with Deputy Alvin Holmes, who stated around 0600hrs he gave Inmate Brown a breakfast tray. Deputy Holmes advised Inmate Brown did not get up, so he left the tray inside the cell. Deputy Holmes advised he picked up the tray and noticed Inmate Brown hadn't touched his tray. Deputy Holmes advised he checked on Inmate Brown later and noticed he was still in the same position when he passed out breakfast trays. Deputy Holmes stated he checked Inmate Brown for a pulse. Deputy Holmes stated he called Sgt. Montgomery on the radio and advised him of the situation. Deputy Holmes stated Sgt. Montgomery advised Nurse Goodwin was en route to the jail. I spoke with Sgt. Montgomery, who stated he spoke with Inmate Brown prior to Deputy Holmes giving him a breakfast tray. Sgt. Montgomery stated Inmate Brown refused his medication. Sgt. Montgomery advised Deputy Holmes stated Inmate Brown did not eat breakfast. Sgt. Montgomery advised Nurse Goodwin was contacted in reference to Inmate Brown not eating. Sgt. Montgomery advised Inmate Brown complained of a facial injury on 1-23-2015. I am attaching a copy of Deputy Holmes and Sgt. Montgomery report with this complaint. Nothing further.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Brown	Ollie	

2. On what date did the inmate die?

MONTH	DAY	YEAR
12	03	2015

3. What was the name and location of the correctional facility involved?

Facility Name: Morehouse Parish Jail

Facility City: Bastrop

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
[redacted]		1962

5. What was the inmate's sex?

- ☑ Male
- ☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☑ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White
- ☑ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Some other race

→ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
01	24	2015

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☐	☑	☐

10. For what offense(s) was the inmate being held?

a. Unauthorized entry

b. Simple battery

c. Resiting an officer

d.

e.

11. What was the inmate's legal status at time of death? *(For inmates with more than one status, report the status associated with the most serious offense.)*

- ☐ Convicted—new court commitment
- ☐ Convicted—returned probation/parole violator
- ☑ Unconvicted
- ☐ Other

→ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
- ☑ No
- ☐ Don't Know

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☑ In a segregation unit
- ☐ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☐ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere
  - → *Please Specify:*

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☑ YES → ***CONTINUE TO Q15***
- ☐ Evaluation complete—results are pending
  - → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ☐ No evaluation is planned → ***CONTINUE TO Q15***

15. What was the cause of death? * *Please SPECIFY cause of death—it is critical information* *****

- ☑ Illness—Exclude AIDS-related deaths [*Specify*] → Heart condition
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [*Describe*] →
- ☐ Accidental injury to self [*Describe*] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- ☐ Homicide [*Describe*] →
- ☐ Other cause(s) [*Specify*] →

16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the jail facility or on the jail grounds

  [PLEASE SPECIFY] →
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility
    - → *Please Specify:*
- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere
  - → *Please Specify:*

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- [x] NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- [ ] Morning (6 am to Noon)
- [ ] Afternoon (Noon to 6 pm)
- [ ] Evening (6 pm to Midnight)
- [ ] Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- [ ] NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff	☑	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☐	☑	☐
c. Medications	☐	☐	☑
d. Treatment/care other than medications	☐	☐	☑
e. Surgery	☐	☑	☐
f. Confinement in special medical unit.	☐	☑	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? *(If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")*

- [ ] NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- [x] Pre-existing medical condition
- [ ] Deceased developed condition after admission
- [ ] Could not be determined

Please add any additional notes regarding this death here: