OMB No. 1121-0249 Approval Expires 11/30/2016

Form CJ-9

DEATHS IN CUSTODY—2013
DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name	Charles H. LaVergne	Title	Assistant Warden
Official Address	5410 East Broad Street	Telephone	337 491-3802
City	Lake Charles	FAX	337 491-3840
State	LA	Zip	70615
E-mail	clavergne@cpso.com		

Bureau of Criminal Identification & Records
Calcasieu Parish Sheriff's Office
PO Box 2185, Lake Charles, LA 70602
Legal Division

Instructions for Completion

If no deaths occurred in 2013:

- You do not need to report anything at this time.
- At the beginning of 2014, you will be asked to complete a summary form whether or not you had a death occurrence in 2013.

If you had more than one death in 2013:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): 1-866-800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.300.302.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

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Corrections Division - Jail Records

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Deputy Sheriff
Calcasieu Parish, Louisiana

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LOCAL JAIL INMATE DEATH REPORT

1. **What was the inmate's name?**
   Green (LAST) | John (FIRST) | T (MI)

2. **On what date did the inmate die?**
   11 (MONTH) | 29 (DAY) | 2013 (YEAR)

3. **What was the name and location of the correctional facility involved?**
   Facility Name: Calcasieu Parish Correctional Center
   Facility City: Lake Charles
   Facility State: LA

4. **What was the inmate's date of birth?**
   [redacted] (MONTH / DAY / YEAR)

5. **What was the inmate's sex?**
   - [x] Male
   - [ ] Female

6. **Was the inmate of Hispanic, Latino, or Spanish origin?**
   - [ ] Yes
   - [x] No

7. **In addition, what was the inmate's race? Please select one or more of the following racial categories:**
   - [ ] White
   - [x] 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?**
   08 (MONTH) | 08 (DAY) | 2013 (YEAR)

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. Domestic Abuse by Strangulation
    b.
    c.
    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
    - [x] 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
    - [x] No
    - [ ] Don't Know

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13. Where did the inmate die?

- [x] 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?

- [x] 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* ******

- [x] Illness—Exclude AIDS-related deaths [*Specify*] → Brain Aneurysm from a Stroke
- [ ] 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 incident (e.g., accident, suicide, or homicide) causing the death take place?

- [x] 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:*

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

- ☑ 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
- ☑ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

John Green (Agency 10951127) was reviewed with John Green (Agency 10955004) and was found not to be a duplicate.

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Complaint 13- 199268

Supplement Report

Lead Investigator: Detective Brent Young

Type of Incident: S0907 Natural Death

Date of incident: November 29, 2013

Weapon Used: None

Subject(s):

John Tonette Green, [redacted]

Attachments:

1.) Information of John Green via Louisiana Justice Network

2.) Statement of Deputy Adam Mount, dated November 29, 2013

3.) Statement of Deputy Joseph Burnett, dated November 29, 2013

4.) Statement of Deputy Tommy Havard, dated November 29, 2013

Details:

I, Detective Brent Young, was assigned to conduct an investigation of Complaint 13-199268 regarding the death of John Green. Green was found to be deceased on November 29, 2013 while being incarcerated at the Calcasieu Correctional Center.

According to Deputy Tommy Havard of the CPSO Corrections Division, he was advised of a medical emergency in Pod B, Tier 3 at approximately 0713 hours. When he arrived, he met Deputy Joseph Burnett, who was in the shower area where Green was lying. They began Cardio Pulmonary Resuscitation on Green. They also observed blood under Green's head. Acadian Ambulance Service arrived and Green was transported to Lake Charles Memorial Hospital. Green was pronounced at 0735 hours to be deceased. His body was transported to the Calcasieu Coroner's Office for examination.

I arrived along with Sergeant Jason Alexander of the CPSO Forensics Division where the scene was processed by Alexander. The inmates housed in B-3 while we were there were either sleeping or was not aware of Green's collapse. I did speak to Christopher Lemelle, who said he was awake and watching television when the incident occurred. His statement was documented via video recording at the CPSO CID on November 29, 2013.

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Lemelle stated he was the only one out in the tier when the incident happened at approximately 0700 hours. The inmates were let out at 0630 hours and only a few exited. Most got coffee and went back to their respective cells.

Lemelle was watching television and noticed Green was taking a shower. He said Green, who was there for a few days, usually showers in the morning and takes about 30 minutes. He said Green whistled when he showered. He heard a noise, but didn't pay any mind to it. He looked over and saw that Green wasn't standing. He noticed him in the shower and pushed the button for assistance. Lemelle described Green's head as being "propped" on the step of the shower. Lemelle put his head flat. The correctional officers arrived and had those who were out, ordered back to their cells. For further information, please refer to Lemelle's statement.

According to Green's examination report, Terry Welke, M.D., Coroner of Calcasieu Parish, conducted the examination on November 29, 2013. According to Welke, he concluded the casuse of death was a result of an intracranial hemorrhage occurring from a weakness of a blood vessel at the base of the brain. The two scalp tears on Green's head occurred when he fell backwards due to the leakage of blood within his skull. There were no other forms of significant injury. The Manner of Death was ruled Natural.

There appears to be no foul play involved in the death of John Green on November 29, 2013. I am forwarding this report to the Calcasieu Parish District Attorney's Office for review.

Detective Brent Young
Calcasieu Sheriff's Office
Violent Crimes Unit

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