OMB No. 1121-0094 Approval Expires 01/31/2019

Form CJ-9

DEATHS IN CUSTODY—2021
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	Capt. Monica Reed	Title	Captain of Communications
Official Address	200 Court St, Suite 100	Telephone	337 363-2161
City	Ville Platte	FAX	337 363-7390
State	LA	Zip	70586
		E-mail	monica.devillierreed@leo.gov

Instructions for Completion

If no deaths occurred in 2017:
- You do not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:
- 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): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (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.

«AGENCY ID»

LOCAL JAIL INMATE DEATH REPORT

1. **What was the inmate's name?**
   LAST: Melton | FIRST: Eric | MI:

2. **On what date did the inmate die?**
   MONTH: 01 | DAY: 04 | YEAR: 2021

3. **What was the name and location of the correctional facility involved?**
   Facility Name: Evangeline Parish Sheriff Dfc
   Facility City: Ville Platte | Facility State: LA

4. **What was the inmate's date of birth?**
   MONTH: 11 | DAY: 05 | YEAR: 1975

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:**
   - [x] 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: 01 | DAY: 04 | YEAR: 2021

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. 40:967 Schedule II Prohited Acts
    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:* Charged

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

«AGENCY ID»

13. Where did the inmate die?

- ○ In a general housing unit within the jail facility or in a general housing unit 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*] ⟶
- ○ Acquired Immune Deficiency Syndrome (AIDS)
- ● Accidental alcohol/drug intoxication [*Describe*] ⟶ Acute Methamphetamine Intoxication
- ○ 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*] ⟶ ~~cardio pulmonary arrest, Diabetic~~ ketoacidosis to diabetes mellitus Hypertensive atherosclerotic cardiovascular disease

16. Where did the incident (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?

- ● 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:

Booking Report

MELTON, ERIC JAMES (B210009)

EVANGELINE PARISH SHERIFF OFFICE JAIL
200 COURT STREET
VILLE PLATTE, LA. 70586
PHONE 1-337-363-6664
PHONE 1-337-363-2161
FAX 1-337-363-7390

Hold

BOOKED FOR PARISH CHARGES

MELTON, ERIC JAMES (B210009)

Street Address				City		State	Zip
2902 W 2ND ST				BASILE		LA	70515
Phone	**Sex**	**Height**	**Weight**	**Race**	**EO**		**Hair Color**
(337) 764-6369	M	600	170	WHITE	NON-HISPANIC		BLK
Eye Color	**Complexion**	**DOB**		**POB (City, ST)**			
BRO	LIGHT	11/5/1975		LAKE CHARLES,LA			
POB (Country)		**Occupation**		**Gang Organization**		**Employer**	
UNITED STATES		DISABLE		NO		N/A	
Employer Address		**Employer Phone**		**Marital Status**		**Education**	
N/A		(000) 000-0000		M		9G	
Religion	**Emergency Contact**			**Emergency Phone**			
BAPTIST	[redacted]			[redacted]			
Emergency Address			**Phone Call Made**				
			False				

Inmate Information

Inmate No.	ID/SSN	Misc Id	DL Number	DL State	DL Expiration
610762	[redacted]		[redacted]	LA	
SID Number	**FBI Number**	**NCIC Number**	**OTN**		
[redacted]	[redacted]				

Arrest And Booking Information

Arresting Agency	Arrested By	Block	Cell	Bed	Classification
EPSO		CELL #3			PRE-SENT
Sentenced Type	**Status (Location)**	**Parole/Probation**	**Arrest Location**		**Arrest Date**
	RELEASED		BASILE		01/02/2021 20:30
Billing	**Bail Posted**	**Warrant Check By**	**Searched By**		
PAR		USER, EPSO	USER, EPSO		
Mug Taken By	**Prints By**	**Date In**			
USER, EPSO		01/02/2021 21:30			
Received By	**Date Released**	**Released By**	**Scheduled Release**		
USER, EPSO	01/04/2021 13:30	USER, EPSO			
Release Reason and Information					
DECEASED					

Holds Information

Hold 1	Hold 2	Hold 3	Other Holds	Transfer Hold	Transfer Hold Comments
LOCAL				N	
Holds Comments					

Inmate AKAS

First	Middle	Last	DOB
ERIC	J	MELTON	11/5/1975

Inmate Scars Marks and Tatoos

Location	Description
TATTOO LEFT FOREARM	HEART
TATTOO RIGHT ARM	WINGS

Inmate Charges

Warrant #	Probable Cause Status	Probable Cause	Agency
044441			EPSO
Agency Case/Ref #	**Court**	**Court Case #**	**Comments**
	13TH JUDICIAL COURT		

Charge Details

Code #	Code Description
40:967	Schedule II - Prohibited Acts

Charge Description

Charge Level	Sentence Length	Charge Status	Misc Code	Bail Type
FELONY 1		PRE-DISPO		bail bond

Bail
10000.00

Code #	Code Description
32:194	Traffic laws apply to persons riding bicycles

Charge Description

Charge Level	Sentence Length	Charge Status	Misc Code	Bail Type	Bail
Other		PRE-DISPO		bail bond	500.00

Total Bail
$10,500.00



Property Information

Cash Balance at Booking
$0.63

Property Issued To Inmate
BLANKET, SLEEPING MAT, UNIFORM, SHOES, FACE TOWEL, LG TOWEL, HYGIENE PACK, CUP, SPOON

Property Received During Custody

Property Type	Location
PANTS	LOCK BOX

Details
3 HOLSTER FOR KNIVES, HEAD LAMP, 3 METAL CHAINS, 63 CENTS, SM FLOWER CHARM,

Property Type	Location
COAT	LOCK BOX

Details
3 HOLSTER FOR KNIVES, HEAD LAMP, 3 METAL CHAINS, 63 CENTS, SM FLOWER CHARM,

Property Type	Location
BOOTS	LOCK BOX

Details
3 HOLSTER FOR KNIVES, HEAD LAMP, 3 METAL CHAINS, 63 CENTS, SM FLOWER CHARM,

Property Type	Location
BELT	LOCK BOX

Details
3 HOLSTER FOR KNIVES, HEAD LAMP, 3 METAL CHAINS, 63 CENTS, SM FLOWER CHARM,

Property Type	Location
SOCKS	LOCK BOX

Details
Socks: N; 3 HOLSTER FOR KNIVES, HEAD LAMP, 3 METAL CHAINS, 63 CENTS, SM FLOWER CHARM,

Property Disclaimer
I, ERIC JAMES MELTON,
hereby certify that the above listed property was taken from me during booking. I also authorize the receipt, opening and inspection of mail addressed to me by officials of this institution, and forwarding to me of all material which does not contain material of information prejudicial to the safety and discipline of the jail.

X **Date: 2023-08-29**

Main Disclaimer
I, ERIC JAMES MELTON,
hereby certify that the above listec property was taken from me during booking. I also authorize the receipt, opening and inspection of mail addressed to me by officials of this institution, and forwarding to me of all material which does not contain material of information prejudicial to the safety and discipline of the jail.

X **Date: 2023-08-29**

Officer

X **Date: 2023-08-29**

DJC



Booking Report

MELTON, ERIC JAMES (B210009)

EVANGELINE PARISH SHERIFF OFFICE JAIL
200 COURT STREET
VILLE PLATTE, LA. 70586
PHONE 1-337-363-6664
PHONE 1-337-363-2161
FAX 1-337-363-7390

Hold
PARISH CHARGES

MELTON, ERIC JAMES (B210009)

Street Address				City	State	Zip
2902 W 2ND ST				BASILE	LA	70515

Phone	Sex	Height	Weight	Race	EO	Hair Color
(337) 764-6369	MALE	600	170	WHITE	NON-HISPANIC	BLK

Eye Color	Complexion	DOB	POB (City, ST)
BRO	LIGHT	11/5/1975	LAKE CHARLES,LA

POB (Country)	Occupation	Gang Organization	Employer
UNITED STATES	DISABLE	NO	N/A

Employer Adcress	Employer Phone	Marital Status	Education
N/A	(000) 000-0000	M	9G

Religion	Emergency Contact	Emergency Phone
BAPTIST	[redacted]	[redacted]

Inmate Information

Inmate No.	ID/SSN	DL Number	DL State	SID Number
610762	434292039	7849688	LA	0001753246

FBI Number
401342FB3

Arrest And Booking Information

Arresting Agency	Block	Classification	Sentenced Type	Status (Location)
EPSO	CELL #3	PRE-SENT	PRE-SENTENCED	IN-CUSTODY

Arrest Location	Arrest Date	Billing	Warrant Check By
BASILE	01/02/2021 20:30	PAR	USER, EPSO

Searched By	Mug Taken By	Date In
USER, EPSO	USER, EPSO	01/02/2021 21:30

Received By
USER, EPSO

Holds Information

Hold 1	Transfer Hold
LOCAL	N

Inmate AKAS

First	Middle	Last	DOB
ERIC	J	MELTON	11/5/1975

Inmate Scars, Marks and Tatoos

Location	Description
TATTOO LEFT FOREARM	HEART
TATTOO RIGHT ARM	WINGS

Inmate Charges

Attor:

1-4-21

Arraig: 2-4-21 Div. A

Warrant #	Agency	Court
044441	EPSO	3

Charge Details

Code #	Code Description	Charge Level	Charge Status	Bail Type
40:967	Schedule II - Prohibited Acts	FELONY 1	PRE-DISPO	bail bond

Bail
10000.00

Code #	Code Description	Charge Level	Charge Status	Bail Type
32:194	Traffic laws apply to persons riding bicycles	Other	PRE-DISPO	bail bond

Bail
500.00

Total Bail
$10,500.00

Mug Shots



Property Information

Cash Balance at Booking	Property Location	Property
$0.63	LOCK BOX	PANTS ♦ BELT ♦ COAT ♦ BOOTS

Property Deta ls
3 HOLSTER FOR KNIVES, HEAD LAMP, 3 METAL CHAINS, 63 CENTS, SM FLOWER CHARM,

Property Issued To Inmate
BLANKET, SLEEPING MAT, UNIFORM. SHOES, FACE TOWEL, LG TOWEL, HYGIENE PACK, CUP, SPOON

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X **Date: 2021-01-04**

Main Disclaimer

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hereby certify that the above listed property was taken from me during booking. I also authorize the receipt, opening and inspection of mail addressed to me by officials of this institution, and forwarding to me of all material which does not contain material of information prejudicial to the safety and discipline of the jail.

X **Date: 2021-01-04**

X **Date: 2021-01-04**

48 Hour Warrant

STATE OF LOUISIANA
PARISH OF EVANGELINE
13TH JUDICIAL DISTRICT
ARREST WARRANT

Warrant NO:
Complaint #
Book-In Date: _____
Book-In Time: _____

AFFIDAVIT FOR ARREST WARRANT

STATE OF LOUISIANA
VERSUS
ERIC JAMES MELTON , White Male
432 Breaux Lane , Sulpher, LA, 70663
DOB: 11/05/1975, SSN: 434-29-2039

I, **Captain Joshua Lafleur ,** certify under oath based on the information outlined below, that there is probable cause to believe **ERIC JAMES MELTON** on or about **01/02/2021** did commit:
1 Count of RS40:967--PROHIBITED ACTS; SCHEDULE II CDS-- (FELONY)

1 Count of RS32:194--TRAFFIC LAWS APPLY TO PERSONS -- (MISDEMEANOR)

within this State and Parish, and the jurisdiction of the 13TH Judicial District Court, contrary to the form of the statutes of the State of Louisiana in such case made and provided, and against the peace and dignity of the same, in that the following did occur:

On the 2nd of January 2021 I Captain Josh Lafleur was patrolling the Basile area. I was traveling west on Stagg Avenue. I saw a white male in a camouflaged jacket and blue jeans riding a bicycle in the middle of the road. The male would not get out of the middle of the road. I activated my emergency lights and he pulled over and stopped on the shoulder of the west bound lane. When he went to get off the bike he fell down, as he was getting up I saw three fixed blade knives on him. I then removed the knives from his possession and placed them on the hood of my unit, for officer safety. While I was talking to him he keep putting his left hand in his rear left pants pocket. I then identified him as Eric James Melton from his LA. identification card. While dispatch was advising he did not have any warrants, he continued to place his left hand in his rear left pants pocket. I then advised him of his Miranda rights, which he said he understood. I requested permission to search him, due to him being antsy and continually placing his hand in his pocket after repeatedly being ask to remove his hand from his pocket. Mr. Melton gave consent. when I checked his rear left pants pocket I found a silver colored pill container, that had two clear plastic bags. The two bags contained crystal methaphatemine. Mr. Melton was placed in handcuffs and advised he was under arrest for possession of methaphatemine. Mr. Melton then started saying that he would tell me where he got the methaphatemine from. He said Ray Landry on Ardoin street in Basile has been selling it and that he bought it from him. This

STATE OF LOUISIANA
PARISH OF EVANGELINE
13TH JUDICIAL DISTRICT
ARREST WARRANT

Warrant NO:
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coincides where the area he was coming from. I then contacted LT. Crawford who had been receiving the same information. Mr. Melton was then transported to the Evangeline Parish Jail and charged with LA:RS: 32:197 Must travel on right of roadway LA:RS:40:967 Possession of Methaphatemine.
The information received from MR. Melton along with the information LT.Crawford has been receiving resulted in a search warrant. See supplemental from LT. Crawford

I certify that the accused committed the above-described offense and was arrested for said offense on **01/02/2021** at hours. I hereby certify under oath the information contained herein to be true and correct, to the best of my knowledge, under penalties of perjury, so help me God.

Joshua D Lafleur

Captain Joshua Lafleur
Affiant

THUS DONE AND PASSED on the _3_ day of _January_, _2021_.

Gary J Ortego

Judge, 13th Judicial District Court

Judge, 13TH Judicial District

48 Hour Warrant

STATE OF LOUISIANA
PARISH OF EVANGELINE
13TH JUDICIAL DISTRICT
ARREST WARRANT

Warrant NO:
Complaint #
Book-In Date: _____
Book-In Time: _____

ARREST WARRANT

E.P.S.O.
WARRANT #
044441
044441

State of Louisiana
Versus
ERIC JAMES MELTON , White Male
432 Breaux Lane , Sulpher, LA, 70663
DOB: 11/05/1975, SSN: 434-29-2039

RECEIVED
JAN 04 2021
Evangeline Parish Sheriff Department

TO ANY COMMISSIONED PEACE OFFICER:

EXECUTED
JAN 04 2021

WHEREAS, complaint has been made to me under oath and under penalty of perjury, by **Captain Joshua Lafleur** charging one **ERIC JAMES MELTON** with 1 Count of RS40:967--PROHIBITED ACTS; SCHEDULE II CDS-- (FELONY) 1 Count of RS32:194--TRAFFIC LAWS APPLY TO PERSONS -- (MISDEMEANOR)

Committed on or about **01/02/2021**.

The foregoing affidavit, having been duly considered, it is hereby ordered, adjudged and decreed that ERIC JAMES MELTON has been lawfully arrested upon probable cause, without warrant.

Given under my official signature, this _3_ day of __January__ , __2021__.

Gary J Ortego

Judge, 13th Judicial District Court

Judge, 13TH Judicial District
State of Louisiana

13 JUDICIAL DISTRICT COURT
STATE OF LOUISIANA
VERSUS
Eric James Melton

Complaint #
Book-In Date: _____
Book-In Time: _____

BAIL ORDER

IT IS ORDERED that the bail on the defendant named above is hereby fixed as set forth herein below.

IT IS ORDERED that the Sheriff of the Parish of Evangeline and his duly authorized deputies are authorized to accept the bail.

IT IS ORDERED that the defendant named above, in posting the bond shall have the right to select any of the types of bail specified in Article 312 of the Louisiana Criminal Code. However, they may only select an unsecured personal surety bail or bail without surety if authorized by further orders of the Court.

Charges	Amount	Description	Statute Type
RS40:967 PROHIBITED ACTS; SCHEDULE II CDS	$10,000.00	Pursuant to Article 312	FELONY
RS32:194 TRAFFIC LAWS APPLY TO PERSONS	$500.00	Pursuant to Article 312	MISDEMEANOR
Total:	$10,500.00		

Bond Conditions (if any):

SIGNED on this 3 day of January ,2021.

Gary J Ortego
Judge, 13 Judicial District Court
State of Louisiana

Sunday, January 03, 2021 05:15:33

48 Hour Warrant

STATE OF LOUISIANA
PARISH OF EVANGELINE
13TH JUDICIAL DISTRICT
ARREST WARRANT

Warrant NO:
Complaint #
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AFFIDAVIT FOR ARREST WARRANT

STATE OF LOUISIANA
VERSUS
ERIC JAMES MELTON , White Male
432 Breaux Lane , Sulpher, LA, 70663
DOB: 11/05/1975, SSN: 434-29-2039

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Sunday, January 03, 2021
05:15:32

STATE OF LOUISIANA
PARISH OF EVANGELINE
13TH JUDICIAL DISTRICT
ARREST WARRANT

Warrant NO:
Complaint #
Book-In Date: _____
Book-In Time: _____

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Captain Joshua Lafleur
Affiant

THUS DONE AND PASSED on the _3_ day of _January_, _2021_.

Gary J Ortego

Judge, 13th Judicial District Court

Judge, 13TH Judicial District

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PARISH OF EVANGELINE
13TH JUDICIAL DISTRICT
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State of Louisiana
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RECEIVED
JAN 04 2021
Evangeline Parish Sheriff Department

TO ANY COMMISSIONED PEACE OFFICER:

EXECUTED
JAN 04 2021

WHEREAS, complaint has been made to me under oath and under penalty of perjury, by **Captain Joshua Lafleur** charging one **ERIC JAMES MELTON** with 1 Count of RS40:967--PROHIBITED ACTS; SCHEDULE II CDS-- (FELONY) 1 Count of RS32:194--TRAFFIC LAWS APPLY TO PERSONS -- (MISDEMEANOR)

Committed on or about **01/02/2021**.

The foregoing affidavit, having been duly considered, it is hereby ordered, adjudged and decreed that ERIC JAMES MELTON has been lawfully arrested upon probable cause, without warrant.

Given under my official signature, this __3__ day of __January__ , __2021__.

Gary J Ortego

Judge, 13th Judicial District Court

Judge, 13TH Judicial District
State of Louisiana

Sunday, January 03, 2021
05:15:32

13 JUDICIAL DISTRICT COURT
STATE OF LOUISIANA
VERSUS
Eric James Melton

Complaint #
Book-In Date: _____
Book-In Time: _____

BAIL ORDER

IT IS ORDERED that the bail on the defendant named above is hereby fixed as set forth herein below.

IT IS ORDERED that the Sheriff of the Parish of Evangeline and his duly authorized deputies are authorized to accept the bail.

IT IS ORDERED that the defendant named above, in posting the bond shall have the right to select any of the types of bail specified in Article 312 of the Louisiana Criminal Code. However, they may only select an unsecured personal surety bail or bail without surety if authorized by further orders of the Court.

Charges	Amount	Description	Statute Type
RS40:967 PROHIBITED ACTS; SCHEDULE II CDS	$10,000.00	Pursuant to Article 312	FELONY
RS32:194 TRAFFIC LAWS APPLY TO PERSONS	$500.00	Pursuant to Article 312	MISDEMEANOR
Total:	$10,500.00		

Bond Conditions (if any):

SIGNED on this 3 day of January ,2021.

Gary J Ortego
Judge, 13 Judicial District Court
State of Louisiana

Sunday, January 03, 2021 05:15:33

SHERIFF CHARLES R. GUILLORY
EVANGELINE PARISH SHERIFF DEPARTMENT
EPSO DEPARTMENT OF INVESTIGATION DIVISION
200 COURT STREET
VILLE PLATTE LA. 70586
(337) 363-2161 / FAX (337) 363-7390

_PRINT

MIRANDA RIGHTS

NAME: Eric J Melton D.O.B: 11/05/1975 PH: 337 764 6369

ADDRESS: 2902 W. 2nd St City/ State / Zip: Basile LA. 70515

AGE: 45 OLN: 007849688 HIGHEST GRADE COMPLETED: 9th

WE WANT TO QUESTION YOU ABOUT: _____

BEFORE WE ASK YOU ANY QUESTION WE WANT YOU TO UNDERSTAND YOUR RIGHTS.

YOU HAVE THE RIGHT TO REMAIN SILENT.

ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A COURT OF LAW.

YOU HAVE THE RIGHT TO SEEK LEGAL ADVICE BEFORE YOU ANSWER ANY QUESTIONS,

AND HAVE AN ATTORNEY PRESENT DURING ANY QUESTIONS.

IF YOU DESIRE AN ATTORNEY BUT CANNOT AFFORD ONE, AN ATTORNEY WILL BE PROVIDED TO YOU AT NO COST TO YOU PRIOR TO QUESTIONING.

IF YOU DECIDE TO ANSWES QUESTIONS WITHOUT AN ATTORNEY PRESENT, YOU WILL STILL RETAIN THE RIGHT TO STOP ANSWERING QUESTIONS AT ANYTIME IN ORDER TO SEEK LEGAL ADVICE OR FOR ANY OTHER REASON YOU MAY HAVE.

INMATE SIGNATURE: Eric J Melton

DATE: 1-2-21 TIME: 21:45 AM (PM) PLACE: Jail

DO YOU UNDERSTAND YOUR RIGHTS? YES: ✓ NO: _____

ARE YOU WILLING TO ANSWER ANY QUESTIONS WITHOUT AN ATTORNEY PRESENT?
YES: ✓ NO: _____

HAVE ANY THREATS OR PROMISES BEEN MADE TO YOU OR HAS PRESSURE OF ANY KIND BEEN USED TO TRY AND GET YOU TO ANSWER ANY QUESTIONS OR GIVE UP ANY OF YOUR RIGHTS.
YES: _____ NO: ✓

DEPUTY: Tommy Primeaux E866 SIGATURE: Tommy Primeaux E866

INTERVIEWER: _____ SIGATURE: _____

WITNESS: _____ SIGATURE: _____

SHERIFF CHARLES R. GUILLORY

EVANGELINE PARISH SHERIFF'S OFFICE

JAIL DAVISION

200 COURT STREET
VILLE PLATTE, LA. 70586
PH: 337-363-2161

COVID – 19 SCREENING

NAME OF PERSON BEING SCREENED (PRINT) Eric J Melton

D.O.B. 11/05/1975 CONTACT PHONE NUMBER: _____

ADDRESS: 2902 W 2nd St city/state/zip: Basile LA 70515

DATE OF SCREENING: 1-2-21

TIME OF SCREENING: 21:46

1.) ANY RECENT FOREIGN TRAVEL? NO IF YES, WHERE? _____

2.) Have you experienced a fever and/or symptoms of a lower respiratory illness (e.g? cough and/or shortness of breath) in the last 14 days? Yes: _____ No: ✓

Explain: _____

3.) Have you been in close contact with any laboratory-confirmed COVED – 19 patients?

YES: _____ NO: ✓ UNKNOWN: _____

Temperature at time of screening: 97.0

Name of Staff Member Conducting Screening: Tommy Romero 166

Anyone answering "YES" to any of the screening questions, or who has a temperature of 100.4 or above is NOT ALLOWED in the jail, and is to be recommended to seek medical attention.

* Please be advised that this screening protocol is subject to change / revision.

SHERIFF EDDIE SOILEAU
EVANGELINE PARISH SHERIFF'S DEPARTMENT
200 Court Streets
Suite 100
VILLE PLATTE, LA 70586
Ph. 337-363-2161 / Fax 337-363-7390

06-22-2020

Notice to ALL Inmates

ALL INMATE PROPERTY including valuables, such as wallets, jewelry, etc., must be picked up or shipped out immediately upon booking.

You have fifteen (15) days after this notice for your property to be picked up, mailed home at your expense, or it will be destroyed.

Pretrial Offender property including valuables such as wallets, jewelry, etc., will be held until your 72 hour hearing. The Judges ruling will determine whether your valuables will be shipped or held.

Should you receive visits from family or friends, please provide prior notice to the property officer on duty that someone will be picking up your property. This will aid in the retrieving and releasing of your property in a timely manner.

INMATE'S NAME Eric J. Melton

INMATE ID NUMBER _____

NOTIFICATION DATE 1-2-21

DESTROY DATE _____

OFFENDER SIGNATURE Eric J Melton

OFFICER'S SIGNATURE Tommy Romero ER66

Sheriff Charles R. Guillory
Evangeline Parish Sheriff's Office
200 Court Street Ville Platte, LA 70586
Phone: 337-363-2161 Fax: 337-363-7435

INMATE MONEY REPORT

DATE: 1-2-21 TIME: 21:45

INMATE NAME: ERIC J MELTON

CURRENCY TOTAL: Ø

PHONE CARDS: Ø ($10.00 A CARD) (30-40 MINUTES A CARD)

COMMISSARY: Ø

SIGNATURES

_____
WITNESS

Tommy Pomeroy E966
WITNESS

Eric J Melton
INMATE

TAX OFFICE ONLY

RECEIPT #:

AMOUNT:

COUNTED BY:

JOB TITLE:

SHERIFF CHARLES R. GUILLORY
EVANGELINE PARISH SHERIFF'S OFFICE
200 COURT STREET
VILLE PLATTE, LA. 70586
337-363-2161

EVANGELINE PARISH JAIL INMATE PROPERTY FROM

INMATE NAME: Eric J. Melton

JAILERS NAME: Tommy Primeaux E866

INMATE PROPERTY / ITEMS: camo coat, black boats, pants, Belt, 3 Holster for knives, head lamp & metal chain (.63 cents) sm flower charm w/ different color stones

INMATE SIGNATURE: Eric J Melton

PRINT: Eric J Melton

DEPUTY SIGNATURE: Tommy Primeaux E866

PRINT: Tommy Primeaux E866

****

PROPERTY RELEASED TO

SIGNATURE: _____

PRINT: _____

PROPERTY RELEASED _____

_____

_____

INMATE SIGNATURE: _____

DEPUTY SIGNATURE: _____

DATE: ____/____/____ TIME: _____ AM / PM

INMATE NAME: _____

JAILERS NAME: _____

INMATE PROPERTY / ITEMS: _____

_____

CONTROL NO: M 1972697

RECEIPT: Tear along perforated line and retain for your records or inmate's file.

Inmate's Name: Eric Melton

Inmate's SS Number: _____ or SID Number: 610762

SHERIFF CHARLES R. GUILLORY
EVANGELINE PARISH SHERIFF'S OFFICE
200 COURT STREET
VILLE PLATTE, LA. 70586
PH: 337-363-2161

ISSUED ITEMS

INMATE NAME: Eric J Melton

DATE ITEMS ISSUED: 1/2/21

(1.) BLANKET: ✓

(2.) PILLOW: _____ ISSUED BY: Tommy Primeaux EP: 66

(3.) PILLOWCASE: _____

(4.) SHEET: _____ DATE: 1/2/21

(5.) SLEEPING MAT: ✓

(6.) UNIFORMS: ✓ INMATE NAME: Eric J Melton

(7.) SHOES: ✓

(8.) SHOWER SHOES: _____ SIGNATURE: [signature]

(9.) FACE TOWEL: ✓

(10.) LARGE TOWEL: ✓

(11.) HYGEINE PACK: ✓

(12.) CUP & SPOON: ✓

MATTRESS FORM

I, Eric J Melton, have received mattress #_____, and

I, Eric J Melton, am totally responsible for mattress #_____.

I agree that upon being released, I will return mattress #_____, to the booking officer, and not Leave it in a cell (and / or) exchange in with another inmate.

If the assigned mattress is damaged (and / or) not returned to the booking officer, I will have to pay the amount of $70.00, to the EVANGELINE PARISH SHERIFFS OFFICE, before being released.

SIGNATURE OF INMATE: [signature] PRINT: Eric J Melton

DATE: 1/2/21 TIME: _____ (AM/PM)

SHERIFF CHARLES R. GUILLORY

EVANGELINE PARISH SHERIFF'S OFFICE
200 COURT STREET
VILLE PLATTE, LA. 70586
PH: 337-363-2161

ARRESTING OFFICERS CHARGE SHEET

ARRESTING OFFICER: _____

OFFENDER NAME: Eric Melton

DOB: 11/5/75

S.S. NO: 434 29 2039

CHARGES: _____

NOTE'S: _____

SHERIFF CHARLES R. GUILLORY
EVANGELINE PARISH SHERIFF'S OFFICE

Arresting Officers Observations

This form is to be completed by a Law Enforcement Officer who is booking an indivicual into the Evangeline Parish Sheriff's Office. Circle" YES" or" NO" If yes, provide additional written information on this form. It is further understood that these questions and the answers to same, if any, are asked to assist medical, not to make any medical determination by the corrections staff, and that all medical determinations and decisions are to be made by medical staff only.

Full Name of Arrestee: Eric Melton DOB: 11 / 5 / 75

1.} During this persons arrest and custody, did he / she engage in any physical behavior which was resistive, assaultive or combative? YES (NO)

2.} To your knowledge, was this person involved in an accident {Auto Accident, Assault, Chemical Agent, Taser, Dog Bite, etc.}? YES (NO)

3.} Has this person shown signs of being under the influence / ingested of alcohol, narcotics, or any type of controlled substances? YES (NO)

4.] To your knowledge, this person have any history of any serious mental illness or self-destructive / suicidal behavior? Has this person indicated that they intend to do any bodily harm? To themselves. YES (NO)

5.} While in custody, has this person expressed to you, or are you otherwise aware of any serious medical, dental or Psychiatric problems or need that this person may have? (YES) NO

6.} To your knowledge. Does this person have any enemies in this facility or any person from whom this person should be separated to avoid physical violence? YES (NO)

7.} Has this person been treated by any emergency medical personnel and/or at a hospital / clinic, prior to being brought to this facility? YES (NO)

8.} Has this person refused medical treatment by emergency medical personnel and or hospital or clinic prior to being brought to this facility? YES (NO)

If any answer was "YES", please provide additional information. This information will be shared with the medical staff, classification personnel and other detention staff. _____

I, the undersigned, hereby certifies that the foregoing information is true and correct to the best of my knowledge and ability

[signature] ED-97 _____

Signature of Arresting / Transporting Officer — Print Name of Arresting / Transporting Officer

ET

Badge # 92 Date 01 / 2 / 21 Agency / Dept.: Evangeline SO

Reviewed By: _____ Date: ___ / ___ / ___