Death in Custody Reporting Act - Entry #211

Agency Name

Lafayette Parish Correctional Center

Contact Name

Sonia Vidrine

Contact Phone Number

(337)-207-8610

Contact Email

sonia.vidrine@lafayettesheriff.com

Reporting Year

2021

Select the Reporting Period

3rd Quarter: April 1 - June 30

First Name

Tuly

Last Name

Guidry

Gender

1. Male

Race (Select all that apply)

5. White

Ethnicity

2. Not of Hispanic, Latino, or Spanish Origin

Birth Year (YYYY)

1970

Date of Death

04/05/2021

Time of Death

09:45

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

Lafayette Parish Correctional Center

Location of Death - Street Address

916 Lafayette Street

Location of Death - City

Lafayette

Location of Death - State

LA

Zip Code

70501

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

Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased.

Lafayette Parish Sheriff's Office

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

F. Suicide

Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.).

Death by suicide asphyxiation due to self-hanging.